



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 21, 2006 08:00 AM
Secretary of State

DOCUMENT # 767368 1. Entity Name RIO DEL MAR CONDOMINIUM NO. TWENTY FIVE ASSOCIATION INC.					
Principal Place of Business 111 RIO DEL MAR RD. UNIT B ST. AUGUSTINE FL 32084				Mailing Address 111 RIO DEL MAR RD. UNIT B ST. AUGUSTINE FL 32084	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2350508	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELKER, SCOTT 111 B RIO DEL MAR ROAD ST AUGUSTINE FL 32084				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW: FEE IS \$61.25 Due By September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VD <input type="checkbox"/> Delete NAME HARDING, ROBERT STREET ADDRESS 111 C RIO DEL MAR ROAD CITY-ST-ZIP ST AUGUSTINE FL 32080				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STDP <input type="checkbox"/> Delete NAME WELKER, SCOTT STREET ADDRESS 111 B RIO DEL MAR ROAD CITY-ST-ZIP ST AUGUSTINE FL 32080				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD <input type="checkbox"/> Delete NAME MURPHY, PHYLLIS STREET ADDRESS 111A RIO DEL MAR RD CITY-ST-ZIP ST AUGUSTINE FL 32080				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____