

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

1995



APPROVED
12:16

DOCUMENT # 768366 (7)

RIO DEL MAR CONDOMINIUM NO. ELEVEN ASSOCIATION I
NC.

FLORIDA STATE
TALLAHASSEE, FLORIDA

124-C RIO DEL MAR
ST AUGUSTINE FL 32084

C/O GARY WEEKS
8 SEVILLA ST
ST AUGUSTINE FL 32084
US

3. Issue Date	05/10/1983	3a. Date of Last Report	04/14/1994
4. Filing Number	59-2328451	Applied For	Not Applicable

21. Date of Appointment	22. City, State	23. City, State	24. State	25. State	26. Major District	27. City, State	28. City, State	29. State	30. State
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				

WEEKS, GARY R.
124-C RIO DEL MAR RD
ST AUGUSTINE FL 32084

B1. Name	
B2. Social Security ID No. (If Not Applicable)	
B3. City	
B4. State	FL
B5. Zip Code	

I, the undersigned, being a resident qualified person, do hereby certify that I am a citizen of the State of Florida, and that I am not disqualified by law from being registered in this State. I hereby accept the appointment as registered agent in Florida.

SIGNATURE: _____

12. CURRENT REGISTERED AGENTS	13. ADDITIONAL REGISTERED AGENTS																																										
<table border="1"> <tr> <td>NAME</td> <td>PD WEEKS, GARY</td> </tr> <tr> <td>ADDRESS</td> <td>124-C RIO DEL MAR ST AUGUSTINE FL</td> </tr> <tr> <td>NAME</td> <td>SD MCGHEE, BEVERLY</td> </tr> <tr> <td>ADDRESS</td> <td>124A RIO DEL MAR ROAD ST AUGUSTINE FL</td> </tr> <tr> <td>NAME</td> <td>TD FERRY, C. DENNIS</td> </tr> <tr> <td>ADDRESS</td> <td>124B RIO DEL MAR RD ST AUGUSTINE FL</td> </tr> </table>	NAME	PD WEEKS, GARY	ADDRESS	124-C RIO DEL MAR ST AUGUSTINE FL	NAME	SD MCGHEE, BEVERLY	ADDRESS	124A RIO DEL MAR ROAD ST AUGUSTINE FL	NAME	TD FERRY, C. DENNIS	ADDRESS	124B RIO DEL MAR RD ST AUGUSTINE FL	<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>ADDRESS</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	ADDRESS			NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	ADDRESS			NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	ADDRESS			NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	ADDRESS			NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	ADDRESS		
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14. I hereby certify that the information supplied with this filing is substantially true and correct, and that I am not disqualified by law from being registered in this State. I hereby accept the appointment as registered agent in Florida.

SIGNATURE: *Gary R. Weeks* GARY R. WEEKS PRES/DIR 4-2-95 904-262-6444