


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 04 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768366 (7)
 1. Corporation Name
RIO DEL MAR CONDOMINIUM NO. ELEVEN ASSOCIATION I NC.



Principal Place of Business 124-C RIO DEL MAR ST AUGUSTINE FL 32084	Mailing Address C/O BEVERLY MCGHEE FLETCHER 2365 MORMEN RD. JACKSONVILLE FL 32259 US
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3. Date Incorporated or Qualified 05/10/1983	
4. FEI Number 59-2328451	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FLETCHER, BEVERLY MCGHEE 2365 MOREMEN RD JACKSONVILLE FL 32259	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HARRY, BARBARA K 48 JOBEL DR. ST AUGUSTINE FL 32084 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD Dr. Caroline Brennan 11046 Harbor North Lane Jacksonville, FL 32225 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		1.2 NAME	
CITY-ST-ZIP		1.3 STREET ADDRESS	
TITLE	SD MCGHEE, BEVERLY 124A RIO DEL MAR ROAD ST AUGUSTINE FL <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
NAME		2.1 TITLE	
STREET ADDRESS		2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
TITLE	TD FERRY, C. DENNIS 124B RIO DEL MAR RD ST AUGUSTINE FL <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
NAME		3.1 TITLE	
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Beverly McGhee Fletcher* **Beverly McGhee Fletcher** 1/26/98 9042873139

CR2E037 (10/97)