## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 05, 2002 8:00 am Secretary of State **DOCUMENT # 768366** 1. Entity Name 08-05-2002 90008 006 \*\*\*\*61.25 RIO DEL MAR CONDOMINIUM NO. ELEVEN ASSOCIATION I Principal Place of Business Mailing Address 124-C RIO DEL MAR C/O BEVERLY MCGHEE FLETCHER 2365 MORMEN RD. ST AUGUSTINE FL 32084 JACKSONVILLE FL 32259 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2328451 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FLETCHER, BEVERLY MCGHEE 2365 MOREMEN RD JACKSONVILLE FL 32259 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** min. will be \$236.25. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Addition ☐ Change ☐ Delete TITLE TITLE BRENNOON, CAROLINE D NAME NAME STREET ADDRESS STREET ADDRESS 11046 HARBOR NORTH LANE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32225 Change ☐ Addition SD ☐ Delete TITLE MCGHEE, BEVERLY NAME STREET ADDRESS 124A RIO DEL MAR ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ST AUGUSTINE FL Delete ☐ Addition ☐ Change TITLE TD ...... TITI F FERRY, C. DENNIS NAME NAME 124B RIO DEL MAR RD STREET ADDRESS Potricio Totali el Tottoli) 124-8 Ro Del STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST AUGUSTINE FL Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP St AugustiNe ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS

12. 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 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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

☐ Addition

☐ Change