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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769073

1. Corporation Name

**RIO DEL MAR CONDOMINIUM NO. TWENTY-FOUR ASSOCIAT
ION INC.**

Principal Place of Business

113 B RIO DEL MAR RD
ST AUGUSTINE FL 32084

Mailing Address

113 B RIO DEL MAR RD
ST AUGUSTINE FL 32084



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/23/1983

4. FEI Number

59-2399026

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JOHNSON, JOHN T JR.
113 RIO DEL MAR ROAD, UNIT B
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name Christine G. Johnson
82 Street Address (P.O. Box Number is Not Acceptable)
113 B Rio del Mar
83
84 City St. Augustine Beach FL 85 Zip Code 32084

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 Christine G. Johnson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

July 25, 1999

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	JOHNSON, JOHN T JR.	
STREET ADDRESS	113 RIO DEL MAR RD UNIT B	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, CHRISTINE	
STREET ADDRESS	113 RIO DEL MAR RD UNIT B	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STATON, VAN E	
STREET ADDRESS	113 RIO DEL MAR RD UNIT A	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Christine G. Johnson	
1.3 STREET ADDRESS	113 B Rio del Mar	
1.4 CITY-ST-ZIP	St. Augustine FL 32084	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Van E. Staton	
2.3 STREET ADDRESS	113 A Rio del Mar	
2.4 CITY-ST-ZIP	St. Augustine FL 32084	
3.1 TITLE	Willie Staton - D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Willie Staton - D	
3.3 STREET ADDRESS	113 A Rio del Mar	
3.4 CITY-ST-ZIP	St. Augustine FL 32084	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

Christine G. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

July 25, 1999 904 471 8915

CR2E037 (11/98)

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