


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90051 008 \*\*\*\*61.25

DOCUMENT # N00000007268			
1. Entity Name RUM ISLAND CONDOMINIUM OWNERS ASSOCIATION, INC.		Principal Place of Business 8139 CARMONA ST. NAVARRE, FL 32566	
Mailing Address PO BOX 2259 FT WALTON BEACH, FL 32549		2. Principal Place of Business - No P.O. Box # 1409 Highway 98 West	
3. Mailing Address Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Mary Esther, FL		City & State	
4. FEI Number 59-3693223		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RISALVATO, THOMAS J 348 SW MIRACLE STRIP PARKWAY FT WALTON BEACH, FL 32548		7. Name and Address of New Registered Agent Name: Risalvato, Thomas J. Street Address (P.O. Box Number is Not Acceptable): 151 Mary Esther Boulevard Suite 301 City: Mary Esther FL Zip Code: 32569	
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: <i>Thomas J. Risalvato, CPA</i>		DATE: 2-27-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: PATRELLE, JOSEPH STREET ADDRESS: 1409 HWY 98 W #302 CITY-ST-ZIP: MARY ESTHER, FL 32569	<input type="checkbox"/> Delete	TITLE: Vice President NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: BUCKNER, BO STREET ADDRESS: 1409 HWY 98 W #201 CITY-ST-ZIP: MARY ESTHER, FL 32569	<input type="checkbox"/> Delete	TITLE: Secretary/Treasurer NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: PATRELLE, JOSEPH STREET ADDRESS: 1609 HWY 98 W #302 CITY-ST-ZIP: MARY ESTHER, FL 32569	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: Tom Brothers STREET ADDRESS: 1409 Highway 98 W #203 CITY-ST-ZIP: Mary Esther, FL 32569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: BUCRAN, BO STREET ADDRESS: 1609 HWY 98 W #201 CITY-ST-ZIP: MARY ESTHER, FL 32569	<input checked="" type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<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: <i>Bo Buckner</i>		DATE: 3-1-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: (805) 326-4895	

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