

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007268

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** RUM ISLAND CONDOMINIUM OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1409 HWY. 98 WEST  
MARY ESTHER, FL 32569

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2259  
FT WALTON BEACH, FL 32549

**New Mailing Address:**

151 MARY ESTHER BLVD.  
SUITE 301  
MARY ESTHER, FL 32569

FEI Number: 59-3693223

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RISALVATO, THOMAS J  
151 MARY ESTHER BLVD.  
STE. 301  
MARY ESTHER, FL 32569 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP (X) Delete  
Name: PATRELLE, JOSEPH  
Address: 1409 HWY 98 W #302  
City-St-Zip: MARY ESTHER, FL 32569

Title: T ( ) Delete  
Name: BUCKNER, BO  
Address: 1409 HWY 98 W #201  
City-St-Zip: MARY ESTHER, FL 32569

Title: P ( ) Delete  
Name: BROTHERS, THOMAS  
Address: 1409 HWY 98 W STE 203  
City-St-Zip: MARY ESTHER, FL 32569

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS BROTHERS

P

04/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date