

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90066 007 ****61.25

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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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

4. FEI Number **59-3693223**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RISALVATO, THOMAS J
348 SW MIRACLE STRIP PARKWAY
FT WALTON BEACH FL 32548**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	COUPE, MICHAEL	
STREET ADDRESS	228 ABERJACK DR., #39	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAVAN, BRUCE	
STREET ADDRESS	PO BOX 1061	
CITY-ST-ZIP	FT. WALTON BEACH FL 32549-1061	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROY, PHILLIP V	
STREET ADDRESS	8139 CARMONA ST.	
CITY-ST-ZIP	NAVARRE FL 32566	
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		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	321 CREAM AVE	
STREET ADDRESS	UNIT 304	
CITY-ST-ZIP		
TITLE	V-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. 1386	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SAM MCKENNT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECT / TREASURER	
STREET ADDRESS	1409 1/2 98 UNIT 1024	
CITY-ST-ZIP	NAVARRE FL 32569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 reports 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/28/2003**

Daytime Phone #

CR2E037 (4/03)