


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N00395</b> 1. Entity Name RIO DEL MAR CONDOMINIUM NO. EIGHT ASSOCIATION INC.	
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Principal Place of Business 118 RIO DEL MAR RD UNIT A ST AUGUSTINE, FL 32084 US	Mailing Address 118 RIO DEL MAR RD UNIT A ST AUGUSTINE, FL 32084 US
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**DO NOT WRITE IN THIS SPACE**

01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

BISCHOFF, CLAREY MARIA  
118 RIO DEL MAR RD  
UNIT A  
ST. AUGUSTINE, FL 32084

**DO NOT WRITE  
IN THIS SPACE**

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 Mary C. Ness STD 4 MAR 08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NESS, MARY C 118A RIO DEL MAR RD ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RADLEY, GRETA 118-B RIO DEL MAR RD SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, MICHAEL 118C RIO DEL MAR RD ST AUGUSTINE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/21/08-80026-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: Mary C. Ness Mary C. Ness 1/10/08 904/471-2009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #