

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003084

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** RIOMAR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2485 S. ATLANTIC AVE.  
COCOA BEACH, FL 32931 US

**New Principal Place of Business:**

**Current Mailing Address:**

2485 S. ATLANTIC AVE  
#4  
COCOA BEACH, FL 32931 US

**New Mailing Address:**

**FEI Number:** 59-3718090

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KASPER, PETER M  
2485 S. ATLANTIC AVE  
#4  
COCOA BEACH, FL 32931 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:** PD  
**Name:** KASPER, PETER M  
**Address:** 2485 S. ATLANTIC AVE #4  
**City-St-Zip:** COCOA BEACH, FL 32931 US

**Title:** VD  
**Name:** COLEMAN, MARY LOUISE  
**Address:** 2485 S. ATLANTIC AVE #7  
**City-St-Zip:** COCOA BEACH, FL 32931 US

**Title:** STD  
**Name:** KASPER, MARGARET  
**Address:** 2485 S. ATLANTIC AVE #4  
**City-St-Zip:** COCOA BEACH, FL 32931 US

I hereby 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 all other like empowered.

**SIGNATURE:** MARGARET KASPER

STD

04/12/2011

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

\_\_\_\_\_  
Date