

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N01619

1. Entity Name
**RIO DEL MAR CONDOMINIUM NO. FIFTEEN
ASSOCIATION INC.**



Principal Place of Business
**131 RIO DEL MAR RD
SAINT AUGUSTINE, FL 32080 US**

Mailing Address
**131 RIO DEL MAR RD
UNIT J
ST. AUGUSTINE, FL 32080 US**



02052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2892227

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILES, MARGARET
131 J RIO DEL MAR RD
ST. AUGUSTINE, FL 32080**

**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 _____

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, 2007**

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
**VD
BEAUDOIN, JOE
131 H RIO DEL MAR RD
ST. AUGUSTINE, FL 32080**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WILES, MARGARET
131 J RIO DEL MAR RD
ST. AUGUSTINE, FL 32080**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
PETOSKEY, MEG
131 RIO DEL MAR UNIT I
SAINT AUGUSTINE, FL 32080**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PETOSKEY, TED
131 I RIO DEL MAR RD
ST. AUGUSTINE, FL 32080**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000625454
02/14/07-80076-014 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: *Margaret Wiles* **MARGARET WILES**

2-5-07

904 501-5359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #