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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # N02000006292

1. Entity Name
RIO DEL MAR CONDOMINIM NO. ONE-HUNDRED AND THIRTY ASSOCIATION, INC.

90153260

Principal Place of Business	Mailing Address
130 RIO DEL MAR ST AUGUSTINE, FL 32080	130 RIO DEL MAR ST AUGUSTINE, FL 32080

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALE, MICHAEL
413 OCEAN DR
ST AUGUSTINE, FL 32080

7. Name and Address of New Registered Agent

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.

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	President ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	Michael Hale	NAME
STREET ADDRESS	413 Ocean Dr	STREET ADDRESS
CITY-ST-ZIP	St. Augustine, FL 32080	CITY-ST-ZIP
TITLE	Treasurer ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	Trisha Piper	NAME
STREET ADDRESS	130 C Rio Del Mar	STREET ADDRESS
CITY-ST-ZIP	St Augustine, FL 32080	CITY-ST-ZIP
TITLE	Secretary ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	Ruth LaFann	NAME
STREET ADDRESS	130 B Rio Del Mar	STREET ADDRESS
CITY-ST-ZIP	St. Augustine, FL 32080	CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

CR2E037 (10/02)

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 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: Michael Hale 8-26-03

Signature and typed or printed name of signing officer or director — Date — Daytime Phone #