


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02880</b> 1. Entity Name <b>RIO DEL MAR CONDOMINIUM NO. NINE ASSOCIATION INC.</b>	
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Principal Place of Business <b>1920 HOMESTEAD AVE BETHLEHEM, PA 18018 US</b>	Mailing Address <b>1920 HOMESTEAD AVE BETHLEHEM, PA 18018 US</b>
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03122006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2695226</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MACRI, DAVID M 120C RIO DEL MAR ST. AUGUSTINE, FL 32084</b>
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**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000469714 03/27/06-80011-011 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REHRIG, NORITA 1920 HOMESTEAD AVE BETHLEHEM, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REHRIG, DAVID L. 1920 HOMESTEAD AVE BETHLEHEM, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MAXWELL, KAREN 120 B RIO DEL MAR ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACRI, DAVID M 120C RIO DEL MAR SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** David C. Rehrig **DAVID C. REHRIG** 3/13/06 610-865-0972  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #