

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 06, 2007 08:00 AM
Secretary of State

DOCUMENT # N02880	
1. Entity Name RIO DEL MAR CONDOMINIUM NO. NINE ASSOCIATION INC.	
Principal Place of Business 1920 HOMESTEAD AVE BETHLEHEM, PA 18018 US	Mailing Address 1920 HOMESTEAD AVE BETHLEHEM, PA 18018 US



DO NOT WRITE IN THIS SPACE

07102007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

MACRI, DAVID M
120C RIO DEL MAR
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

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 September 14, 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	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	

U000000771515
08/07/07-80005-015 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: *Norita H. Rehrig* NORITA H. REHRIG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/2007
Date

610-865-0972
Daytime Phone #