2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02880

FILED Apr 09, 2009 Secretary of State

Entity Name: RIO DEL MAR CONDOMINIUM NO. NINE ASSOCIATION INC.

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
	ESTEAD AVE EM, PA 18018	US		
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
	ESTEAD AVE EM, PA 18018	US		
FEI Number:	59-2695226	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:
MACRI, DA 120C RIO [ST. AUGUS		84 US		
		ubmits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
n the State	of Florida.	ubmits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
n the State	of Florida. RE:	ubmits this statement for the positions of the positions of Registered Agr		red office or registered agent, or both, Date
n the State	of Florida. RE:	c Signature of Registered Ag	ent	
n the State SIGNATUR	of Florida. RE: Electronic AND DIRECT	c Signature of Registered Ago ORS: Delete A AD AVE	ent	Date
n the State SIGNATUR OFFICERS Fitle: Name: Address:	Electronic AND DIRECT SD () I REHRIG, NORIT, 1920 HOMESTE, BETHLEHEM, PA	C Signature of Registered Ago ORS: Delete AD AVE AD AVE Delete L. AD AVE	ent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS
n the State BIGNATUR DFFICERS Title: Name: Address: City-St-Zip: Vame: Name: Address:	Electronic AND DIRECT SD () I REHRIG, NORITA 1920 HOMESTEA BETHLEHEM, PA TD () I REHRIG, DAVID 1920 HOMESTEA BETHLEHEM, PA	C Signature of Registered Agr ORS: Delete A AD AVE Delete L. AD AVE Oelete EN MAR	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NORITA REHRIG SD 04/09/2009