

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

1. **Mar 03, 2008 8:00 am**
Secretary of State

01-16-2008 90045 042 ****61.25

DOCUMENT # N03000000265

1. Entity Name
**PUERTO DEL RIO, PHASE ONE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**750 N. ATLANTIC AVE STE 1209
COCOA BEACH, FL 32931**

Mailing Address
**750 N. ATLANTIC AVE STE 1209
COCOA BEACH, FL 32931**

66002078



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

77-0624825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOSLEY, CURTIS R ESQ
1221 EAST NEW HAVEN AVE
MELBOURNE, FL 32901**

**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 \$81.25
Due by May 1, 2008**

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
**DP
RINGDAHL, DANNY P
750 N. ATLANTIC AVE STE 1209
COCOA BEACH, FL 32931**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
RINGDAHL, JANET
750 N. ATLANTIC AVE STE 1209
COCOA BEACH, FL 32931**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
LEIBERMAN, ARNOLD S
750 N. ATLANTIC AVE STE 1209
COCOA BEACH, FL 32931**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-08

Date

Daytime Phone #