2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003624

FILED Feb 08, 2005 Secretary of State

Entity Name: RIZPOC BUILDING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
1386 5 ST SARASOT	A, FL 34236				
Current M	lailing Addres	ss:	New Mailing Addres	ss:	
1386 5 ST SARASOT	A, FL 34236				
El Number	: 03-0521060	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
POCHEDL 1386 5 ST	FY DANIFI				
	,				
	A, FL 34236	US			
SARASOT The above n the State	A, FL 34236 named entity of Florida.	submits this statement for the		red office or registered agent, or both,	
SARASOT The above n the State	A, FL 34236 named entity of Florida.			red office or registered agent, or both, Date	
SARASOT The above n the State SIGNATUR	A, FL 34236 named entity of Florida.	submits this statement for the	gent		
SARASOT The above n the State SIGNATUR DFFICER: Vittle: Vame: Address:	A, FL 34236 named entity e of Florida. RE: Electroi S AND DIREC	submits this statement for the nic Signature of Registered Age TORS:) Delete DANIEL R IR	gent	Date	
SARASOT The above n the State SIGNATUR	rA, FL 34236 named entity e of Florida. RE: Electron S AND DIRECT DPT (POCHEDLEY, 173 ISLAND C SARASOTA, FI	submits this statement for the nic Signature of Registered Actions: Delete DANIEL R IR 34242 Delete JIR CALCALLE DELETE JIR CALCALLE JIR C	gent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DANIEL POCHEDLEY DPT 02/08/2005