


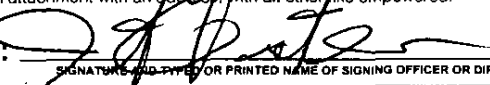


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90127 014 ****61.25

DOCUMENT # N03000003821 1. Entity Name RIALTO AT HAMMOCK BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 247 N COLLIER BLVD # 202 (PO BOX 2056) MARCO ISLAND, FL 34146			Mailing Address 247 N COLLIER BLVD # 202 (PO BOX 2056) MARCO ISLAND, FL 34146		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40081863</div>  <div style="margin-top: 20px;"> 03172008 Chg-NP CR2E037 (12/06) </div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 27-0057938		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40081863</div>  <div style="margin-top: 20px;"> 03172008 Chg-NP CR2E037 (12/06) </div>	
6. Name and Address of Current Registered Agent MORRIS, WILLIAM G 247 N COLLIER BLVD # 202 (PO BOX 2056) MARCO ISLAND, FL 34146					
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PLYE, BILL 1276 RIALTO WAY 201 NAPLES, FL 34114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Frates, Joseph P.O. Box 85 Marco Island, FL 34146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DWYER, ROSE 1272 PIALTO WAY # 202 NAPLES, FL 34114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Potter, Carol 1431 Oakland St St. Clair, MI 48079	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLY, LARRY 1282 RIALTO WAY 201 NAPLES, FL 34114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kelly, Larry 1282 Rialto Way # 201 NAPLES, FL 34114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALLO, STEPHANIE 1264 RIALTO WAY 101 NAPLES, FL 34114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Castillo, Janice 1273 Rialto Way # 101 NAPLES, FL 34114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZEIDLER, EILEEN 1272 RIALTO WAY 102 NAPLES, FL 34114	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 				Date 4/23/08 Daytime Phone # _____	