

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003821

FILED
Apr 14, 2009
Secretary of State

Entity Name: RIALTO AT HAMMOCK BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

247 N COLLIER BLVD
202 (PO BOX 2056)
MARCO ISLAND, FL 34146

New Principal Place of Business:

RIALTO WAY
NAPLES, FL 34114

Current Mailing Address:

247 N COLLIER BLVD
202 (PO BOX 2056)
MARCO ISLAND, FL 34146

New Mailing Address:

834 BALD EAGLE DRIVE
MARCO ISLAND, FL 34145

FEI Number: 27-0057938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, WILLIAM G
247 N COLLIER BLVD
202 (PO BOX 2056)
MARCO ISLAND, FL 34146 US

Name and Address of New Registered Agent:

ROSENOW, ROBERT
834 BALD EAGLE DRIVE
MARCO ISLAND, FL 34145 US

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.

SIGNATURE: ROBERT ROSENOW

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FRANKS, JOSEPH
Address: P.O. BOX 85
City-St-Zip: MARCO ISLAND, FL 34146

Title: V () Delete
Name: POTTER, CAROL
Address: 1431 OAKLAND ST.
City-St-Zip: SAINT CLAIR, MI 48079

Title: D () Delete
Name: KELLY, LARRY
Address: 1282 RIATTO WAY #201
City-St-Zip: NAPLES, FL 34114

Title: T () Delete
Name: BALLO, STEPHANIE
Address: 1264 RIALTO WAY 101
City-St-Zip: NAPLES, FL 34114

Title: S () Delete
Name: CASTILLO, JANICE
Address: 1273 RIATTO WAY #101
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FRATES, JOSEPH
Address: P.O. BOX 85
City-St-Zip: MARCO ISLAND, FL 34146

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH FRATES

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date