

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005247

FILED  
Jul 31, 2009  
Secretary of State

Entity Name: FLORES DEL RIO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1820 TURNBULL LAKES DR.  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

275 MIDDLEWAY  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

1820 TURNBULL LAKES DR.  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

1005 FAULKNER STREET  
NEW SMYRNA BEACH, FL 32168

FEI Number: 20-3555468      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ADAMS, ROY  
1820 TURNBULL LAKES DR.  
NEW SMYRNA BEACH, FL 32168 US

**Name and Address of New Registered Agent:**

WATSON, TODD  
1005 FAULKNER STREET  
NEW SMYRNA BEACH, FL 32168 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: TODD WATSON

07/31/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WATSON, TODD  
Address: 1005 FAULKNER ST  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD ( ) Delete  
Name: CRISTY, ALFREDO  
Address: 1253 VALLEY CREEK RUN  
City-St-Zip: WINTER PARK, FL 32792

Title: SD ( ) Delete  
Name: WILKINS, JANE  
Address: 275 MIDDLEWAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: WATSON, TODD  
Address: 1005 FAULKNER ST  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD (X) Change ( ) Addition  
Name: DUNN, RICHARD  
Address: 550 MANOR RD  
City-St-Zip: MAITLAND, FL 32751

Title: PD (X) Change ( ) Addition  
Name: WILKINS, JANE  
Address: 275 MIDDLEWAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: TODD WATSON

SD

07/31/2009

Electronic Signature of Signing Officer or Director

Date