## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 26, 2007 8:00 am Secretary of State

01-26-2007 90029 016 \*\*\*\*70.00

1. Entity Name RINEHART/PRIMERA CONDOMINIUM ASSOCIATION, INC.								01-26-20	07 9002:	9 016 ******	70.00	
231 WEST MINNESOTA AVENUE			231	Mailing Address 231 WEST MINNESOTA AVENUE DELAND, FL 32720							a mana dan da kabi, i	
Principal Place of Business - No P.O. Box # 3			3. Mail	3. Mailing Address								
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				01232007	Chg-NP	CR2E	037 (12/06)		
City & State			City & State					4. FEI Numb 51-055		• •	<del></del>	pplied For
Zip	Zip Country		Zip	Zip		intry				\$8.75 Add Fee Require		
	6. Name	e and Address of Current	t Registere	d Agent				7. Name an	d Address of New	Registere	i Agent	
LANE, FRED A				Name Street Address			ddress (i	(P.O. Box Number is Not Acceptable)				
231 WEST MINNESOTA AVENUE DELAND, FL 32720				Street Address								
						City				F	Zip Coo	le
	named entit	ty submits this statement f	or the purp	ose of changing its	register	ed office or	register	ed agent, or be	oth, in the State of	Florida. Lar	n familiar with,	and accept
	· ·	· ·										
SIGNATURE.												
	Organizati, type:	d or printed name of registered agen	and me sapp	licable. (NOTE	: Registere	d Agent signati	ure required	when reinstating)		DATE		
	Filing Fe	ee is \$61.25 May 1, 2007	t and title if app	9. Election Cam Trust Fund C	paign F	inancing	ure required	\$5.00 May Added to Fees	DC	Make che	ck payable t artment of S	
10.	Filing Fe	e is \$61.25		9. Election Cam	paign F	inancing	0	\$5.00 May Added to Fees	DC	Make che orlda Dep	ck payable t artment of S	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTD LANE, PA	ee is \$61.25 May 1, 2007	IRECTORS	9. Election Cam	11.	inancing ion.	0	\$5.00 May Added to Fees	FI:	Make che orlda Dep	ck payable t artment of S	tate
TITLE NAME STREET ADDRESS	SVTD LANE, PA 231 WES DELAND, PD LANE, FR 231 WES	OFFICERS AND D ATRICIA S T MINNESOTA AVENU FL 32720	UE	9. Election Cam Trust Fund C	11. TITU NAM STRE CITY TITU NAM STRE	Einancing ion.  Eine EET ADDRESS -ST-ZIP	0	\$5.00 May Added to Fees	FI:	Make che orlda Dep	ck payable tertment of S	tate
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	SVTD LANE, PA 231 WES DELAND, PD LANE, FF 231 WES DELAND, DELAND, DEBERT, F	OFFICERS AND D ATRICIA S T MINNESOTA AVENU , FL 32720  RED T MINNESOTA AVENU , FL 32720  FREDA LLING RIVER ROAD	UE	9. Election Cam Trust Fund C  Delete	TITLL NAMES TREE CITY	E HE ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	D	\$5.00 May Added to Fees	FI:	Make che orida Depo CERS AND (	ck payable tartment of S DIRECTORS II Change	V 10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SVTD LANE, PA 231 WES DELAND, PD LANE, FF 231 WES DELAND, DELAND, DEBERT, F	OFFICERS AND D ATRICIA S T MINNESOTA AVENU , FL 32720  RED T MINNESOTA AVENU , FL 32720  FREDA LLING RIVER ROAD	UE	9. Election Cam Trust Fund C  Delete	TITLL NAMES TREE CITY	E E E E ADDRESS -ST-ZIP E E E E E ADDRESS -ST-ZIP E E E E E ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	D	\$5.00 May Added to Fees	HANGES TO OFFICE	Make che orida Depo CERS AND (	ck payable tartment of S DIRECTORS II Change	N 10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTD LANE, PA 231 WES DELAND, PD LANE, FR 231 WES DELAND, D EBERT, F 1352 ROI DELAND,	OFFICERS AND D ATRICIA S T MINNESOTA AVENU , FL 32720  RED T MINNESOTA AVENU , FL 32720  FREDA LLING RIVER ROAD	UE	9. Election Cam Trust Fund C  Delete  Delete  Delete  Delete	TITLL NAM STRE CITY	E E E E ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	D SM	\$5.00 May Added to Feet ADDITIONS/CI	FREDA  address	Make che orida Depo CERS AND I	ck payable tartment of S DIRECTORS II Change Change Change Change	Addition  Addition  Addition  Addition

reprote statutes in information supplied with initing does not quality for the exemptions contained in Chapter 119, Florida Statutes. Further certify that the windration indicated on this report or suppliemental 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: 3/107 Johnston Front De Signature and Type De Printed Name OF BIGNING OFFICER OR DIRECTOR Date Descriptor Proprie P