


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000011413 1. Entity Name RINEHART/PRIMERA CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 231 WEST MINNESOTA AVENUE DELAND, FL 32720	Mailing Address 231 WEST MINNESOTA AVENUE DELAND, FL 32720
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LANE, FRED A 231 WEST MINNESOTA AVENUE DELAND, FL 32720	DO NOT WRITE IN THIS SPACE
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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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTD LANE, PATRICIA S 231 WEST MINNESOTA AVENUE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANE, FRED 231 WEST MINNESOTA AVENUE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, FRED A L 1352 ROLLING RIVER ROAD DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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02/08/08--01050--018 **61.75
00000094574
01/28/08-800117-020 61.25

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: Freda L. Smith Freda L. Smith 1/22/08 386-736-1650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
2008 JAN 30 PM 2: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01222008 No Chg-NP	CR2E037 (4/06) 08
4. FEI Number 51-0559164	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required