2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003370

FILED Jul 09, 2007 Secretary of State

Entity Name: DEL RIO OF ROTONDA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

352 BOUNDARY BLVD ROTONDA WEST, FL 33947

Current Mailing Address: New Mailing Address:

P O BOX 5316 1460 S. MCCALL RD. ENGLEWOOD, FL 34224

ENGLEWOOD, FL 34223

FEI Number: 59-2460602 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: Name and Address of New Registered Agent:

STURGES, ERNEST W JR 18501 MURDOCK CIR STE 501 PT CHARLOTTE, FL 33948 US

OFFICERS AND DIRECTORS:

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:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

DE QUERVAIN, ANDRE FIORE, ANTHONY Name: Name: P O BOX 5316 Address: 1460 S. MCCALL ROAD - 3E Address:

City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: ENGLEWOOD, FL 34223

Title: VPD () Delete Title: (X) Change () Addition Name: FIORE, ANTHONY Name: FIORE, NANCY

Address: 1460 S MCCALL RD - STE 3E Address:

1460 S MCCALL RD - STE 3E City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: ENGLEWOOD, FL 34223

Title: STD (X) Delete Title: () Change () Addition

MAISCH, ESTHER Name: Name: Address: P O BOX 5316 Address: City-St-Zip: ENGLEWOOD, FL 34224 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: ANTHONY FIORE **PRES** 07/09/2007