


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90195 041 \*\*\*\*61.25

<b>DOCUMENT # N06000010455</b>		
1. Entity Name RIMINI PROPERTY OWNERS' ASSOCIATION, INC.		

Principal Place of Business <del>2020 CLUBHOUSE DRIVE</del> <del>SUN CITY CENTER, FL 33573</del>	Mailing Address <del>2020 CLUBHOUSE DRIVE</del> <del>SUN CITY CENTER, FL 33573</del>
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60036284



2. Principal Place of Business - No P.O. Box # <u>409 E. College Ave</u>	3. Mailing Address <u>P.O. Box 1058</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01182008 Chg-NP CR2E037 (12/06)


City & State <u>Ruskin, FL</u>	City & State <u>Ruskin, FL</u>
Zip <u>33570</u>	Zip <u>33570</u>
Country	Country

4. FEI Number 20-5671091	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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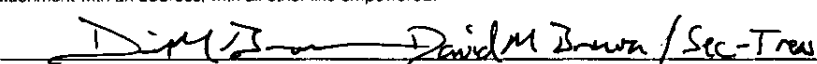
6. Name and Address of Current Registered Agent <del>HASTINGS, VIVIEN N.</del> <del>24301 WALDEN CENTER DRIVE</del> <del>SUITE 300</del> <del>BONITA SPRINGS, FL 34134</del>	
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7. Name and Address of New Registered Agent	
Name <u>Law Ellen Wilson</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>409 E. College Ave</u>	
City <u>Ruskin</u>	FL Zip Code <u>33570</u>

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 	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

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	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. LUPER, JOHN 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P McCARTY, TERRENCE R. 531 RIMINI VISTA WAY SUN CITY CENTER, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NELSON, GARY 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V RYAN, RICHARD J. 532 RIMINI VISTA WAY SUN CITY CENTER, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEITH, SYLVIA 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T BROWN, DAVID M. 539 RIMINI VISTA WAY Sun City Center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/AS/AT Eicher, Dorothy 518 RIMINI VISTA WAY Sun City Center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Washington, Charles W. 526 RIMINI VISTA WAY Sun City Center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date: <u>3-25-08</u> Daytime Phone #: <u>813 939-4489</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	