2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State DOCUMENT # N06000012235 01-14-2008 90105 017 ****61.25 SUENO DEL RIO CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 40002210 180/182 26TH STREET 180/182 26TH STREET COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 Cha-NP CR2E037 (12/06) City & State City & State 4 FEt Number Applied For 30-0405532 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent F. UUARO MOSLEY, OURTIOR EGO 1221 EAST NEW HAVEN AVENUE Street Address (P.O. Box Number is Not Acceptable) MELBOLIBNE EL 22001 Zip Code <u> 3295 |</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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE PD TITLE Delete Change Addition NAME UVARO, CARL NAME 180 2674 57 STREET ADDRESS 1400 S. ATLANTIO AVENUE STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 CITY-ST-ZIP COCOA BEACH, FL. VTD TITLE ☐ Addition ☐ Delete NAME UVARO, KATHY R NAME 4400 G. ATLANTIC AVENUE. STREET ADDRESS STREET ADDRESS COLOA BEACH, FL. 32431 CITY-ST-ZIP COCOA BEACH, FL 32931 CITY-ST-7IP SD ☐ Delete TITLE TITLE Addition UVARO, JASON NAME STREET ADDRESS 1180 S. ATLANTIC AVENUE STREET ADDRESS CETY-ST-7IP COCOA BEACH, FL 32931 CITY-ST-7IP Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 additional provided.

with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Jan 14, 2008 8:00 am