FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

98-99 AR

FILED
99 JUL -6 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16212

1. Corporation Name
Rio Vista Condominium Association Inc.

Principal Place of Business
5610 N Banana River Blvd.
Cocoa Beach
Florida 32931

Mailing Address
200 N First St.
Cocoa Beach
Florida 32931

REINSTATEMENT 98-99 (P)

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2888445 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name Marilyn A. Rigerman
	82 Street Address (P.O. Box Number is Not Acceptable) 200 North First Street
	83
	84 City Cocoa Beach FL 85 Zip Code 32931

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Marilyn A. Rigerman marilyn A Rigerman 6-30-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Low Youngman		1.2 NAME	500002929585---9
STREET ADDRESS	5610-1 N Banana River Blvd		1.3 STREET ADDRESS	-07/13/99--01023--002
CITY-ST-ZIP	Cocoa Beach FL 32931		1.4 CITY-ST-ZIP	****297.50 ****297.50
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Carolyn Alshouse		2.2 NAME	
STREET ADDRESS	112 E Volusia Lane		2.3 STREET ADDRESS	
CITY-ST-ZIP	Cocoa Beach FL 32931		2.4 CITY-ST-ZIP	
TITLE	VPS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Joseph Papandrea		3.2 NAME	
STREET ADDRESS	9 Nuleighton Road		3.3 STREET ADDRESS	
CITY-ST-ZIP	Belmont, MA 02478		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Low Youngman Low Youngman 6-30-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #