2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16212 Jun 09, 2000 8:00 am Secretary of State 1. Entity Name RIO VISTA CONDOMINIUM ASSOCIATION, INC. 06-09-2000 90013 037 ****61.25 Principal Place of Business Mailing Address 5610 N BANANA RIVER BLVD. 200 N. FIRST ST. COCOA BEACH FL 32931 COCOA BEACH FL 32931-2924 2. Principal Place of Business 3.1 Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2388445 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name المواسيح ويعيمه والصدار بالأناء والطيب فيانيه فياوي Street Address (P.O. Box Number is Not Acceptable) RIGERMAN, MARILYN 200 NORTH FIRST STREET COCOA BEACH FL 32931 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **VPD** PD ☐ Addition TITLE TITLE □ Delete 5620-2 N Banana River Blog 5abat 1no NAME YOUNGMAN, LEW NAME STREET ADDRESS STREET ADDRESS 5610-A N. BANANA RIVER BLVD. CITY-ST-ZIP Cocoa Beach CITY-ST-ZIP COCOA BEACH FL 32931 ☐ Change Addition SD Delete TITLE TITLE Joyce Wilson ALSHOUSE, CAROLYN NAME NAME STREET ADDRESS Juck STREET ADDRESS 112 E VOLUSIA LANE CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL 32931 334 31 TITLE **VPD** ☐ Delete TITLE **C**hange ☐ Addition NAME ----PAPANDREA, JOSEPH NAME STREET ADDRESS STREET ADDRESS 9 HOUGHTON ROAD CITY-ST-ZIP CITY-ST-ZIP **BELMONT MA 02478** Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEARDR DIRECTOR

5-31-00

Daytime Phone #