FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State **DOCUMENT # N16212** 1. Entity Name #C1 05-06-2002 90080 025 ****61.25 RIO VISTA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1775 N. ATLANTIC AVE. 6510 N BANANA RIVER BLVD. COCOA BEACH FL 32931 G∪COA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2388445 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WAGNER, JENNIFER Banana 5660 N. BANANA RIVER BLVD. #2 COCOA BEACH FL 32931 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01) ☐ Addition TITLE TITLE ☐ Delete YOUNGMAN, LEW NAME NAME 5610-A N. BANANA RIVER BLVD. STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-7IP Change Addition **▼** Delete TITLE beloris Alexander RNer Blud. TITLE PAPANDREA, JOSEPH NAME NAME 9 HOUGHTON ROAD STREET ADDRESS STREET ADDRESS Cocoa Beuch 171. 32931 **BELMONT MA 02478** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition: TITLE 📆 Change - Delete MCCLEAN, LAIRD NAME ** NAME 5650 N. BANANA RIVER BLVD., #1 STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TIT! F Change Change Wagner, Jennifer NAME NAME 5660-2 N. BANANA RIVER BLVD. STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-ZIP ST Change ☐ Addition ☐ Delete TITLE TITLE SABTINO, ANTHONY NAME NAME 5620 N. BANANA RIVER BLVD. #2 STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-7IP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE 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 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.

SIGNATURE: