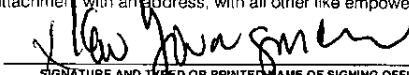


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90033 026 ****61.25

DOCUMENT # N16212 1. Entity Name RIO VISTA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5610 N BANANA RIVER BLVD. COCOA BEACH, FL 32931 US				Mailing Address 1775 N. ATLANTIC AVE. COCOA BEACH, FL 32931 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4055 N. Atlantic Ave.		 02132004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc. Suite 102		Suite, Apt. #, etc. Suite 102			
City & State Cocoa Beach FL		City & State Cocoa Beach FL			
-Zip- Country- 32931 US		-Zip- Country- 32931 US		4. FEI Number 59-2388445	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SABITINO, ANTHONY 5620 N. BANANA RIVER BLVD, #2 COCOA BEACH, FL 32931				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOUNGMAN, LEW 5610-A N. BANANA RIVER BLVD. COCOA BEACH, FL 32931	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALEXANDER, DELORIS 5650-3 N BANANA RIVER BLVD COCOA BEACH, FL 32931	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLISON, MARY HELENE 26550 ROKKERY LAKE DR. BONITA SPRINGS, FL 34134	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer ☒ Change ☐ Addition MICHAEL GALANTE 455 MOSELY AVE STATEN ISLAND, NY 10312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SABTINO, ANTHONY 5620 N. BANANA RIVER BLVD. #2 COCOA BEACH, FL 32931	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALSHOUSE, KAY 112 E. VOLUSIA LN. COCOA BEACH, FL 32931	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ☒ Change ☐ Addition Pamela Whitman 5650 N. BANANA RIVER BLVD #2 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 				13 March 04 321 868-2301	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	