


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90045 044 ****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 C/O 204 COCOA BCH CSWY COCOA BEACH, FL 32931 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip			Country		
4. FEI Number 59-2388445			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ERA SHOWCASE & INV 204 W COCOA BCH CSWY C/O KAREN GUNN COCOA BEACH, FL 32931				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALANTE, MICHAEL			NAME	
STREET ADDRESS	2456 COVONY DRIVE #203			STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32935			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, HELENA			NAME	
STREET ADDRESS	2090 N ATLANTIC AVE, # 505			STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESMEISTER, PAT			NAME	
STREET ADDRESS	5801 N ATUANTIE AVE			STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEXANDER, DELORES			NAME	Director
STREET ADDRESS	5650 N BANANA RIVER BLVD, # 3			STREET ADDRESS	2049 Shaw Drive
CITY-ST-ZIP	COCOA BEACH, FL 32931			CITY-ST-ZIP	North Massena, NY 11566
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STABI, YOLONDA			NAME	
STREET ADDRESS	5660 N BANANA RV BLVD #6			STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 address, with all other like empowered.					
SIGNATURE: <u>Michael Galante</u> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

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