


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90011 007 ****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

40099144



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04292008 No Chg-NP CR2E037 (4/06)

4. FEI Number: 59-2388445 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ERA SHOWCASE & INV
 204 W COCOA BCH CSWY
 C/O KAREN GUNN - *BARDOT*
 COCOA BEACH, FL 32931

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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, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GALANTE, MICHAEL
STREET ADDRESS	2456 COVONY DRIVE #203
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	S
NAME	ANDERSON, HELENA
STREET ADDRESS	2090 N ATLANTIC AVE. # 505
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	VP
NAME	LESMEISTER, PAT
STREET ADDRESS	5801 N ATUANTIE AVE
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	D
NAME	MARSHALL, AVELINO
STREET ADDRESS	2049 SHAW DR
CITY-ST-ZIP	MERRICK, NY 11566
TITLE	T
NAME	STABI, YOLONDA
STREET ADDRESS	5660 N BANANA RV BLVD #6
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Michael Galante*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/08
 Date

Daytime Phone #