

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90392 044 ****61.25

DOCUMENT # N19931 1. Entity Name RIPTIDE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 711 ESTERO BLVD FR MYERS BEACH, FL 33931 US		Mailing Address 711 ESTERO BLVD FR MYERS BEACH, FL 33931 US	
2. Principal Place of Business P+m Property Management Suite, Apt. #, etc. 15660 San Carlos Blvd. #40		3. Mailing Address 15660 San Carlos Blvd Suite, Apt. #, etc. #40	
City & State Fort Myers, Florida Zip 33908		City & State Fort Myers, Florida Zip 33908	
Country USA		Country USA	
4. FEI Number 65-0074416		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, JOSEPH E ESQ 14241 METROPOLIS AVE SUITE 100 FT MYERS, FL 33912-0000		7. Name and Address of New Registered Agent Name Sapp, Paul Street Address (P.O. Box Number is Not Acceptable) 15660 San Carlos Blvd. #40 City Fort Myers FL Zip Code 33908	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	P MEDLOCK, OWEN 711 ESTERO BLVD FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
V SWENSEN, RICHARD D 711 ESTERO BLVD FT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Delete	P Gregory Cook 15660 San Carlos Blvd, #40 Fort Myers, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S SWENSEN, JEANETTE 711 ESTERO BLVD FT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Delete	S Raeann Alboher 15660 San Carlos Blvd, #40 Fort Myers, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T SWENSEN, JEANETTE 711 ESTERO BLVD FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Delete	T Shariene Stuart 15660 San Carlos Blvd. #40 Fort Myers, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	D John Rusch 15660 San Carlos Blvd. #40 Fort Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/11/06 Daytime Phone # _____	