

5065

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90201 019 ****61.25

DOCUMENT # N19931 1. Entity Name RIPTIDE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business P & M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD, # 40 FORT MYERS, FL 33908 US	Mailing Address P & M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD, # 40 FORT MYERS, FL 33908 US
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40081658



2. Principal Place of Business - No P.O. Box # 14360 TAMiami Trail Suite, Apt. #, etc. Unit B City & State Fort Myers FL Zip 33912 Country LEE	3. Mailing Address 14360 Tamiami Trail Suite, Apt. #, etc. Unit B City & State Fort Myers FL Zip 33912 Country
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01122007 Chg-NP CR2E037 (12/06)

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 SAPP, PAUL 15660 SAN CARLOS BLVD, # 40 FORT MYERS, FL 33908	
7. Name and Address of New Registered Agent Name P & M Property Management St 14360 So. Tamiami Trail, Unit B City Fort Myers, Florida 33912 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 *Paul Sapp*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-07

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOK, GREGORY 15660 SAN CARLOS BLVD, # 40 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALBOHER, RAEANN 15660 SAN CARLOS BLVD, # 40 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STUART, SHARLENE 15660 SAN CARLOS BLVD, # 40 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSCH, JOHN 15660 SAN CARLOS BLVD, # 40 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #