

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90020 037 \*\*\*\*61.25

<b>DOCUMENT # N19931</b> 1. Entity Name <b>RIPTIDE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>14360 TAMiami TRAIL UNIT B FORT MYERS, FL 33912 US</b>			Mailing Address <b>14360 TAMiami TRAIL UNIT B FORT MYERS, FL 33912 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0074416</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>P&amp;M PROPERTY MANAGEMENT 14360 TAMiami TRAIL UNIT B FORT MYERS, FL 33912</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P <b>Sharlene Stuart</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COOK, GREGORY</b>		NAME	<b>14360 South Tamiami Trail Unit B</b>	
STREET ADDRESS	<b>15660 SAN CARLOS BLVD, # 40</b>		STREET ADDRESS	<b>Fort Myers Fl. 33912</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33908</b>		CITY-ST-ZIP	<b>Fort Myers Fl. 33912</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	VP <b>BILL ANDERSON</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALBOHER, RAEANN</b>		NAME	<b>14360 South Tamiami Trail Unit B</b>	
STREET ADDRESS	<b>15660 SAN CARLOS BLVD, # 40</b>		STREET ADDRESS	<b>Fort Myers Fl. 33912</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33908</b>		CITY-ST-ZIP	<b>Fort Myers Fl. 33912</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T <b>Breg COOK</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STUART, SHARLENE</b>		NAME	<b>14360 South Tamiami Trail Unit B</b>	
STREET ADDRESS	<b>15660 SAN CARLOS BLVD, # 40</b>		STREET ADDRESS	<b>Fort Myers Fl. 33912</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33908</b>		CITY-ST-ZIP	<b>Fort Myers Fl. 33912</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D <b>Kan Vermeylen</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RUSCH, JOHN</b>		NAME	<b>14360 South Tamiami Trail Unit B</b>	
STREET ADDRESS	<b>15660 SAN CARLOS BLVD, # 40</b>		STREET ADDRESS	<b>Fort Myers Fl. 33912</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33908</b>		CITY-ST-ZIP	<b>Fort Myers Fl. 33912</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	S <b>RAEANN ALBOHER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>14360 South Tamiami Trail Unit B</b>	
STREET ADDRESS			STREET ADDRESS	<b>Fort Myers Fl. 33912</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Fort Myers Fl. 33912</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	AS <b>Randy Diveley</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>14360 South Tamiami Trail Unit B</b>	
STREET ADDRESS			STREET ADDRESS	<b>Fort Myers Fl. 33912</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Fort Myers Fl. 33912</b>	
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.					
<b>SIGNATURE:</b> <u><i>Randy Diveley</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1.28.08 <u>239.481.1577</u> <small>Date Daytime Phone #</small>		