FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N37805

(1)

RIO BLANCO TOWNHOMES ASSOCIATION, INC.

1110 017	THE TOTAL PROCE	701/11/014j 1110 ⁻						
Principal Place	of Business	Mailing Address					### ##################################	BIBIT BIBIT BIBIT TBBI
2721 NE 15TH FT. LAUDERDA		2721 NE 15TH S FT. LAUDERDALE						
						3. Date Incorporated or Qualified 04/23/1990		Last Report)1/1995
2. Principal Pla	ace of Business	2a. Mailing Addres	2a. Mailing Address 26			4. FEI Number 65-0234330	330 Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	7 .	8.75 Additional Fee Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Zip Cour 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New R	egistered Agen	it
				81	Name			
JONES, GARY B. 2721 NE 15TH STREET				82	Street A	idress (P.O. Box Number is Not Acceptable)		
FT. LAUD	DERDALE FL 33304			83				
				84	City		FL 85	Zip Code
or register	o the provisions of Sections 617.050 ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	rida. Such change was a	iuthorized by tl	above-r he corp	named co oration's l	rporation submits this statement for the pui board of directors. I hereby accept the app	pose of changing pintment as regis	g its registered office stered agent. I am
SIGNATURE _	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Regis	tered Agen	l signature re	equired when reinstating)	DATE	
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIR	ECTORS IN 12
TITLE	VD	™ DELE TE		1.1 TITLE			Ch	nange
NAME	KIEFER, JOHN W] 1	1.2 NAME				
STREET ADDRESS	2715 NE 15TH ST		1.3 STREET ADD		ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			1.4 CITY-ST-ZIP			- 	
TITLE	D D					Vice President an	d 🗓 Ch	nange 🔲 Addition
NAME	CAPLAN, VICKI 2719 NE 15TH ST					Director		
STREET ADDRESS	FT. LAUDERDALE FL			2.3 STREET ADDRESS				
CITY-ST-ZIP	PD DELETE			2. 4 CITY - ST - ZIP 3.1 TITLE			□ Ch	nange [7] Addition
TITLE NAME	JONES, GARY B.			3.2 NAME				
STREET ADORESS	2721 NE 15TH STREET				ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			3 4. CITY-1				
TITLE	STD DELETE			4.1 TITLE			☐ Ch	hange 🔲 Addition
NAME	JONES, JILL S			4 2 NAME				
STREET ADDRESS	2721 NE 15TH ST		4	4.3 STREET	ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			4.4 CITY - S	1-2IP			
TITLE		DELF	TE :	5.1 TITLE			☐ Cr	hange 🔲 Addition
NAME				5.2 NAME				
STREET ADDRESS			:	5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY - 5	T-ZIP			
TITLE		DELE	ETE (6.1 TITLE			□Ct	hange
NAME				6.2 NAME				
STREET ADDRESS				63 STREET	ADDRESS			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 comporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if enlanged, or an an apachment with an address.

SIGNATURE:

IGNATURE AND TYPED OF PLATED NAME OF SHAMING OFFICER OR DIRECTOR

1/25/96 954/525-053)

R2E037 (12/95