


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State


DOCUMENT # N37805

1. Entity Name
RIO BLANCO TOWNHOMES ASSOCIATION, INC.



Principal Place of Business 2719 NE 15TH ST FT. LAUDERDALE, FL 33304 US	Mailing Address 2719 NE 15TH ST FT. LAUDERDALE, FL 33304 US
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03232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0234330	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCMILLEN, JAMES E
 2719 NE 15TH ST
 FT. LAUDERDALE, FL 33304**

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

00000088 DATE 77
 04/09/08-80089-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCMILLEN, JAMES E 2719 NE 15TH ST FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GELLER, DAVID S 2717 NE 15TH ST FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARNEVALLI, WALDEMIR 2721 NE 15TH ST FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, CHRIS 2715 NE 15TH ST FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: *James E. McMillen* **JAMES E. McMILLEN** 3/23/08 954-525-2884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #