

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90148 049 ****61.25

0031045

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0234330**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MCMILLEN, JAMES E
2719 NE 15TH ST
FT. LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCMILLEN, JAMES E	
STREET ADDRESS	2719 NE 15TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	EPSTEIN, ROBERT	
STREET ADDRESS	2717 NE 15TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARNEVALLI, WALDEMIR	
STREET ADDRESS	2721 NE 15TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENTNOGLIO, ALFREDO	
STREET ADDRESS	2715 NE 15TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELLER, DAVID S.	
STREET ADDRESS	2717 NE 15TH ST	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** 3/12/2003 954-565-2884

CR2E037 (10/02)