

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90042 009 ****61.25

DOCUMENT # N93000002631

1. Entity Name

RIO D MAR ASSOC #29, INC.



Principal Place of Business

103 RIO DEL MAR ST
SAINT AUGUSTINE FL 32080

Mailing Address

15 LAKESHORE DRIVE
ST. AUGUSTINE FL 32080

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, KATHLEEN A
103B RIO DEL MAR ST
ST AUGUSTINE FL 32080

Name

HELEN LINDSEY

Street Address (P.O. Box Number is Not Acceptable)

ISLAKE SHORE DR.

City

ST. AUGUSTINE FL

Zip Code

32080

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-05

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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	T	<input type="checkbox"/> Delete
NAME	TESTA, CONSTANCE	
STREET ADDRESS	1232 PURITAN AVE	
CITY-ST-ZIP	BRONX NY 10461	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, KATHLEEN A	
STREET ADDRESS	103B RIO DEL MAR	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MEYER, KATHERINE A	
STREET ADDRESS	400 BRIAR PL	
CITY-ST-ZIP	LIBERTYVILLE IL 60048	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	ROBERT W. + HELEN M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSEY	
STREET ADDRESS	ISLAKE SHORE DR.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	
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		
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-05 904-471-7380

Date

Daytime Phone #