2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 08:00 AM Secretary of State

DOCUMENT # N93000002631

1. Entity Name

RIO D MAR ASSOC #29, INC.



Principal Place of Business

Mailing Address

103 RIO DEL MAR ST SAINT AUGUSTINE, FL 32080 15 LAKESHORE DRIVE ST. AUGUSTINE, FL 32080



01102007 No Chg-NP

CR2E037 (4/06)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

LINDSEY, HELEN 15 LAKE SHORE DR. ST AUGUSTINE. FL 32080

DO NOT WATE IN THE SPACE

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.

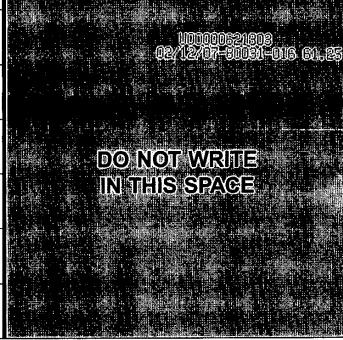
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2007 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE LINDSEY, HELEN M NAME STREET ADDRESS 15 LAKE SHORE DR CITY-ST-ZIP SAINT AUGUSTINE, FL 32080 TΠLF TESTA, CONSTANCE NAME STREET ADDRESS 1232 PURITAN AVE CITY-ST-ZIP BRONX, NY 10461 LINDSEY, ROBERT W NAME STREET ADDRESS 15 LAKE SHORE DR CITY-ST-ZIP SAINT AUGUSTINE, FL 32080 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS



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 eath; 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:

CITY-ST-ZIP

MIGNATURE AND TYPED OR PRINTED NAME OF MIGNING OFFICER OR DIRECTOR

2-11-07

904-471-7380

Daytime Phone #