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

N93000004181 (4) DOCUMENT #

THE RIALTO MEDICAL BUILDING CONDOMINIUM ASSOCIAT ION, INC.

THE RIALTO MEDICAL BUILDING CONDOMINIUM ASSOCIATION, INC.)				
Principal Place	of Business	Mailing Ad	dress									
732 THE RIAL		732 THE										
VENICE FL 3		VENICE F	FL 34285						T 0- C	Date of Last I	Donord	
								 Date Incorporated or Qualified 09/15/1993 	Ja. L	04/18/19		
		2a. Mailing	Address	····			+	4. FEI Number	L	A P	Applied For	
	ace of Business	28. Maing 26	Address					59-2106852			vot Applicable	
21	# ato		Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required	
Suite, Apt.	#, etc.	27										
City & State	9	City &	State					Election Campaign Financing Trust Fund Contribution			May Be	
23		28						This corporation has liability for	intangible			
Zip	Country	Zφ			untry			Florida Statutes	Yes L	∐ No		
24	25	29	\.cont	30				10. Name and Address of New I	legistere	d Agent		
	9. Name and Address of Cur	rent Hegistered A	agein		81	Name						
						Carrie	Natura S	s (P.O. Box Number is Not Accepta	ble)			
	, RICHARD J				82	Street	(Milling)	The second secon				
	NSACOLA RD				83							
VENICE	FL 34285				100	C:3-				. 85 Z	p Code	
					84	City		ion submits this statement for the po of directors. I hereby accept the app	F			
SIGNATURE	ered agent, or both, in the State of rivith, and accept the obligations of, \$ Signature, by educate texture of registered.		,			nt signati te	s required s	ADDITIONS CHANGES TO DE	DATE FICERS A	ND DIRECT	OHS A 19	
12.	PTD	AND DIRECTOR	DELETE	11	TilLE		T			☐ Change	Addition	
TITLE	WIERICHS, FRANK J		_	1.2	NAME							
NAME execut apopess	-AA THE DIALTO			1.3	STREE	LADDRES:	s					
STREET ADDRESS	VENICE FL 34285			14	City-	ST-7IP				Change	Addition	
TITLE	D		DELETE	2	1 TITLE					chargo		
NAME	WIERICHS, PATRICIA M				2 NAME							
STREET ADDRES	TAN THE DIALTO					LADDRES	SS					
CITY-ST-ZIP	VENICE FL 34285	<u></u>	E Joriett			- ST - ZIF				Change	: Addition	
TITLE	D		DEFEIR		1 T.TLE 2 NAME							
NAME	HAZEN, RICHARD J					ET ADORES	ss					
STREET ADDRES						-ST-ZIP						
CITY-ST-ZIP	VENICE FL 34285		DELETE		1 TITLE					Chang	e 🔲 Addition	
TITLE	VSD JUNAGADHWALLA, MUN	ITA7	_	4	2 NAM	ıε						
NAME STREET ADDRESS	TAR THE BUILTO	11790		4	3 STRE	EL ADDRES	SS					
STREET ADDRES	VENICE FL 34285			1_4	4 CILY	- ST - 71P				☐ Chang	e Addition	
CITY-ST-ZIP TITLE	721110212		DELETE	1	1 1111		ļ			L Chang		
NAME					2 NAM		[
STREET ADDRE	ss			1		ET ADOPE	ESS					
CITY-ST-ZIP			F10=- 444			-ST 7IP				Chang	ge 🔲 Addit or	
TITLE			DEFELE		6 1 TITU					_		
NAME					6 2 NAM		ree					
STREET ADDRE	SS					eet addri Y-st-zip						
1	İ				0.4 (-11)	1-31-21	l		40 07(0)il	J. Florida Ct.	atutee Uturther	

14. It are 1. In 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 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 certify that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)