2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000004181

1. Entity Name
THE RIALTO MEDICAL BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
732 THE RIALTO VENICE, FL 34285	732 THE RIALTO VENICE, FL 34285

01252007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2106852
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAZEN, RICHARD J
227 PENSACOLA RD
VENICE, FL 34285

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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 _____ DATE
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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAZEN, RICHARD J
STREET ADDRESS	227 PENSACOLA RD
CITY-ST-ZIP	VENICE, FL 34285
TITLE	VSD
NAME	JUNAGADHWALLA, MUMTAZ
STREET ADDRESS	732 THE RILATO
CITY-ST-ZIP	VENICE, FL 34285
TITLE	D
NAME	SIVERSTEN, TOM
STREET ADDRESS	730 THE RIALLO
CITY-ST-ZIP	VENICE, FL 34285
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/07-80017-014 61.25

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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: Mumtaz Junagadhwalla 4.24.06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #