2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# N93000004181

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

Current Principal Place of Business:

732 THE RIALTO
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

732 THE RIALTO
VENICE, FL 34285

New Mailing Address:

FEI Number: 59-2106852 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAZEN, RICHARD J
227 PENSACOLA RD
VENICE, FL 34285 US

Name and Address of New Registered Agent:

THE RIALTO MEDICAL BUILDING CONDO ASSOCIA
732 THE RIALTO
VENICE, FL 34285 US

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.

SIGNATURE: M.A JUNAGADHWALLA 04/27/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HAZEN, RICHARD J
Address: 227 PENSACOLA RD
City-St-Zip: VENICE, FL 34285

Title: VSD ( ) Delete
Name: JUNAGADHWALLA, MUMTAZ
Address: 732 THE RILATO
City-St-Zip: VENICE, FL 34285

Title: D ( ) Delete
Name: SIVERSTEN, TOM
Address: 730 THE RIALLO
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: RIALTO CONDOMINIUM B, LDG ASSOCIATIO N
Address: 732 THE RIALTO
City-St-Zip: VENICE, FL 34285

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M A JUNAGADHWALLA VSD 04/27/2008
Electronic Signature of Signing Officer or Director Date