## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

Principal Place of Business

RIO GARDENS ASSOCIATION, INC.

DOCUMENT # N9400003919

Mailing Address

## **FILED** Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90097 014 \*\*\*\*70.00


RIO GARDENS ASSO INC 421 SW 3 ST #16 MIAMI FL 33130 US			421 SW 3RD ST 16 Miami Fl 33130 US									
2. Principal Place of Business			2a. Mailing Address					3. Date Incorporated or Qualifed 08/08/1994				
21			26					4. FEI Number Applied For				
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					65-06-10682		Not App		==
City & State			City & State					<u> </u>	\$8.7	5 Additi		
23							5. Certifcate of Status Desired		Require			
Zip	Country		Zip Coui					6. Election Campaign Financing Trust Fund Contribution	•	00 May		
24 25 29 30  9. Name and Address of Current Registered Agent				1	1			10. Name and Address of New Register		00 10 10	-	
	3. Name and Address of Current	vagis	reien väenr		81	Name						
DANIEW												-
BONMEY, 421 SW 3			82 Street A			Street A	Address (P.O. Box Number is Not Acceptable)					
MIAMI FL					83							
				٠	84	City		`	85 Z	ip Code		!
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this stat office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								ation submits this statement for the numose	of changing	its regis register	tered red	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title	if applicable. (NOTE: Re	gistered	Agen	t signature re	quired w	when reinstating) DATE				ά
12.	OFFICERS AND		<del></del>	13.	<u> </u>			ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS II	N 12	1/08)
TITLE	Р		☐ DELETE	1.1 Π	ΠLE				Char	ge 🗆	Addition	Ξ
NAME	BONILLA, GILBERTO			1.2 NAM								5
STREET ADDRESS	AND COME OF MAA		138	1.3 STREET ADORESS						l	D2E037	
CITY-ST-ZIP	MIAMI FL			1.4 CIT		T-ZIP			<u> </u>			ÿ
TITLE	DVP		☐ DELETE	2.1 TITLE					☐ Char	ge 🗀	Addition	٠
NAME GRANT, ASIA			2.2 NA		ME			•				
STREET ADDRESS	427 SW 3 ST #17		-			ADDRESS						
CITY-ST-ZIP	MIAM) FL			2.4 C	ny-s	T-ZIP		manage of the second se				
TILLE	DT		☐ DELETE	3.1 ∏	ΠE				Char	ge L	Addition	
NAME	BORNEY, JOSEY			3.2 N	₩Ę.							
STREET ADDRESS	421 SW 3 ST #16			3.3 S	REET	ADDRESS						
CITY-ST-ZIP	MIAMI FL			3.4. C	ITY-\$	T-ZIP					1	
TITLE	DS		□ DELETE	4.1 Tī	ΠE				☐ Char	ge L	Addition	
NAME	vavarro, adelfa			4. 2 N	AME							
STREET ADDRESS	444 SW 2ND ST, #9			4.3 S	REET	ADDRESS			•			
CITY-ST-ZIP	MIAMI FL				TY-\$1	T-ZIP					14.12	
TITLE	D		□ DELETE	5.1 TI					☐ Char	ge L	Addition	
NAME	VILLAGINO, CILDETTO			5.2 NAME								
STREET ADDRESS	DURESS 133 SH SHD SI, #20		5.3 S	5.3 STREET ADDRESS								
CITY-ST-ZIP	MIAMI FL				5.4 CITY-ST-ZIP						A statistics	
TITLE	D		☐ DELETE	6.1 TI					☐ Char	ge L	Addition	
NAME	PENA, RICARDO			6.2 N				•				
STREET ADDRESS	436 SW 2ND ST, #3					ADDRESS		•				
CITY-ST-ZIP,	MIAMI FL				TY-ST							
14. I hereby o	certify that the information supplied with	this fi	iling does not qualify for th	e exe	mpti	on stated	ın Se	ction 119.07(3)(i), Florida Statutes. I further	certify that t	ne inform	ation	

indicated on this annual report or supplied with all string does not quality for the exemption stated in Section 19.07(3)(i), Florida Statutes. Further certify that the informat indicated on this annual report is reported annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.