## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

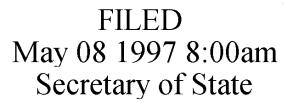
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

(9)

NORTH RIVER SHORES PROPERTY OWNERS' ASSOCIATION,





				······································				
Principal Plac	ce of Business	Mailing Address			n bitting of celet hatel immell	B107 W1W11 W1B15 W1B17 B18		
BOT JOHNSON AVENUE		BOI JOHNSON AVENUE			}			
P O BOX 2202	=	P O BOX 2202						
STUART FL 34	1990	210MH LT 34882-5505	STUART FL 34995-2202		3. Date Incorporated or Qualified 09/18/1974	3a. Date of Last 07/16/	Report 1996	
2. Principal P	Place of Business	2a. Mailing Address	******		4. FEI Number		Applied For	
21 26							Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Ζιρ	Country	Zip	Countr	у	8. This corporation has liability for			
24	25	29	30	•		Yes ANO	0. 100.000,	
	9. Name and Address of Curren			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10. Name and Address of New Re	glatered Agent		
			81	Name				
ASPEN, KEN				82 Street Address (P.O. Box Number is Not Acceptable)				
1786 NW HARBOER PLACE					treet Address (P.O. Box Number is Not Acceptable) 1786 NW MARBOR PLACE			
STUART FL 34994			83	3				
			84	City		FL 85 Zi	p Code	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508. Florida Statute	s, the abov	/e-named co	propration submits this statement for the p		its registered	
office or r	registered agent, or both, in the State	of Florida, Such change was a	uthorized b	y the corpor	orporation submits this statement for the pration's board of directors. I hereby accept	ot the appointment a	as registered	
	am lamiliar with, and accept the obliga	RIORS OF SECTION DIVIDOG, FIO	WIDS Statute	15.				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered A	jent signature rec	guired when reinstating)	DATÉ		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	☐ DELETE	1.1 TITLE		DIRECTOR	Change	Addition	
NAME	ASPEN, KEN		1.2 NAME					
STREET ADDRESS	1786 NW HARBOR PLACE		1.3 STREE	T ADDRESS				
CITY - ST - ZIP	STUART FL		1.4 CITY-	ST-ZIP		T-1 AL	1.4.00	
TITLE	DS	☐ DEFELE	2.1 TITLE			Change	e	
NAME	RIVERS, BETH		2.2 NAME	1				
STREET ADDRESS	1805 NW HARBOR PLACE			T ADDRESS				
CITY - ST - ZIP	STUART FL	Louist	2.4 CITY	-ST-ZIP		Chang	B Addition	
TITLE	DV CICTER LADOV	DELETE	3.1 TITLE			L., Chang	B Madeion	
NAME	O'STEEN, LARRY		3.2 NAME	}				
STREET ADDRESS	1440 NW LAKESIDE T		4	T ADDRESS				
CITY-ST-ZIP	STUART FL	DELETE	3.4. CITY	ST-ZIP		Change	Addition	
TITLE	DT MIREDOED CONSETTE	□ otreje	4.1 TITLE	. }			Author	
NAME	MILBERGER, COLLETTE 1746 NW HARBOR PLACE		4.2 NAM	· i				
STREET ADDRESS			1	T ADDRESS				
CITY-ST-ZIP	STUART FL	DELETE	4.4 CITY-	ST-ZIP		Chang	Addition	
TITLE	1		5.1 TITLE			CT CHAIR	- LJ MOUMIUM	
NAME			5.2 NAME	1	•			
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CITY-		<i>P</i>	Chang	e 🔀 Addition	
TITLE		☐ nercis	6.1 TITLE		ADD ACHIEL	- CHAIN	LET MUUIIIVII	
NAME			6.2 NAME	4000000	CALL BEHLLED 13 76 NW PING LA STUDET FL 349	are DRIVE	5	
STREET ADDRESS				T ADDRESS	THEOR FL 146	94		
CITY-ST-ZIP	1		6.4 CITY -	ST-ZIP	DIMPHI 1-4 JTT			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 engaged, or on an attachment with an address.