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

NONPROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Apr 14, 1999 8:00 am**
**Secretary of State**
04-14-1999 90032 016 ****61.25

DOCUMENT # 730706

1. Corporation Name

NORTH RIVER SHORES PROPERTY OWNERS' ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 801 JOHNSON AVENUE<br>P O BOX 2202<br>STUART FL 34995 | 801 JOHNSON AVENUE<br>P O BOX 2202<br>STUART FL 34995 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>09/18/1974 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-2140953 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

BEHLER, CARL
1376 NW PINE LAKE DR
STUART FL 34994

**10. Name and Address of New Registered Agent**

81 Name: RIVERS, BETH
82 Street Address (P.O. Box Number is Not Acceptable): 1805 NW HARBOR PLACE
83
84 City: STUART FL 85 Zip Code: 34994

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Beth Allyson Rivers — DATE: 4/8/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | DS | ☐ DELETE | 1.1 TITLE | DS | ☒ Change ☐ Addition |
| NAME | RIVERS, BETH | | 1.2 NAME | BABER, ROBYN | |
| STREET ADDRESS | 1805 NW HARBOR PLACE | | 1.3 STREET ADDRESS | 1014 NW PINELAKE DRIVE | |
| CITY-ST-ZIP | STUART FL | | 1.4 CITY-ST-ZIP | STUART FL 34994 | |
| TITLE | DV | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ELLIS, CATHY | | 2.2 NAME | | |
| STREET ADDRESS | 1809 BRIGHT RIVER PLACE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | STUART FL 34994 | | 2.4 CITY-ST-ZIP | | |
| TITLE | DT | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MILBERGER, COLLETTE | | 3.2 NAME | | |
| STREET ADDRESS | 1746 NW HARBOR PLACE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | STUART FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | P | ☐ DELETE | 4.1 TITLE | P | ☒ Change ☐ Addition |
| NAME | BEHLER, CARL | | 4.2 NAME | RIVERS, BETH | |
| STREET ADDRESS | 1376 NW PINE LAKE DRIVE | | 4.3 STREET ADDRESS | 1805 NW HARBOR PLACE | |
| CITY-ST-ZIP | STUART FL | | 4.4 CITY-ST-ZIP | STUART FL 34994 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

14. I 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED — MILBERGER — 4/8/99 — 561.692.9657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)