2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2006
Secretary of State

DOCUMENT# 730706

Entity Name: NORTH RIVER SHORES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

801 JOHNSON AVENUE
P O BOX 2202
STUART, FL 34995

New Principal Place of Business:

Current Mailing Address:

801 JOHNSON AVENUE
P O BOX 2202
STUART, FL 34995

New Mailing Address:

FEI Number: 59-2140953 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRAZI, LEIF J
217 E. OLEAN BLVD
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CLAPP, DAN
Address: 1886 NW EAGLE PT
City-St-Zip: STUART, FL 34994

Title: TD ( ) Delete
Name: RISSOB, JAMES
Address: 910 NW 11TH TERR
City-St-Zip: STUART, FL 34994

Title: VPD ( ) Delete
Name: WEIDNER, SUSAN
Address: 1505 NW PINE LAKE DR
City-St-Zip: STUART, FL 34994

Title: SD ( ) Delete
Name: LITTMAN, TRISH
Address: 1829 NW RMES TR
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LEBLANC, JIM
Address: 1843 NW SHORE TERR.
City-St-Zip: STUART, FL 34994

Title: TD (X) Change ( ) Addition
Name: RIZZOLO, JAMES
Address: 910 NW 11TH TERR
City-St-Zip: STUART, FL 34994

Title: VPD (X) Change ( ) Addition
Name: WRIGHT, BOB
Address: 1503 NW PINE LAKE DR
City-St-Zip: STUART, FL 34994

Title: SD (X) Change ( ) Addition
Name: TUDOR, LOU
Address: 1996 NW FORK RD.
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES RIZZOLO TD 06/20/2006

Electronic Signature of Signing Officer or Director — Date