2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90173 048 ****61.25

DOCUMENT # 730706

1. Entity Name

NORTH RIVER SHORES PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
801 JOHNSON AVENUE P O BOX 2202 STUART FL 34995	801 JOHNSON AVENUE P O BOX 2202 STUART FL 34995

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2140953 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~RIVERS, BETH~~ ~~1805 NW HARBOR~~ PLACE ~~STUART FL 34994~~	Name LEIF J. GRAZI Street Address (P.O. Box Number is Not Acceptable) 217 E. OCEAN BLVD City Stuart FL Zip Code 34994

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~LANG~~, GORDON D 724 NW SPRUCE RIDGE DR. STUART FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition Jan Robertson 1616 NW Baytree Circle Stuart, FL 34994
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHMIDT, HANS 2255 NW FORK RD. STUART FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition Dan Clapp 1886 NW Eagle Pt. Stuart FL 34994
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BAXTER, GREGG 1310 NW FORK RD STUART FL 34994	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NOAMAN D FREEMAN 1819 BRIGHT RIVER PT STUART, FL 34994 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DP~~ FELTON, FRED 1064 NW SPRUCE RIDGE DR. STUART FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JOE J. IRELAND 833 NW SPRUCE RIDGE DR. STUART FL 34994 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RIVERS, BETH 1805 NW HARBOR PL STUART FL 34994	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Joe Miller 1069 NW Fork rd. Stuart FL. 34994 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MILNE, GEORGE 1700 NW HARBOR PL STUART FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~GEORGE F MILNE~~ George F Milne 4/21/03 (772) 692-7414
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING (ATTACH ADDITIONAL PAGE IF NECESSARY) DATE Daytime Phone Number