

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 759578 (8)**

1. Corporation Name  
**THE ESTUARY AT NORTH RIVER SHORES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1274 NE BUSINESS PARK PLACE JENSEN BEACH FL 34957 US</b>	Mailing Address <b>P.O. BOX 65 JENSEN BEACH FL 34958-0065 US</b>
--	---

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b> <b>25</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b> <b>30</b>	3. Date Incorporated or Qualified <b>08/11/1981</b>	3a. Date of Last Report <b>03/18/1996</b>	4. FEI Number <b>59-2267186</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b>  <b>ADVANTAGE PROPERTY MANAGEMENT, INC.</b> <b>LORRAINE FORTE</b> <b>850 POP TILTONS PL., P.O. BOX 65</b> <b>JENSEN BEACH FL 34958</b>	<b>10. Name and Address of New Registered Agent</b> <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
--	---

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>VPP</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BENEPE, RICHARD</b>	1.2 NAME	<b>LUTTMAN, REINHARDT</b>
STREET ADDRESS	<b>2071 NW 21ST TERR 6-105</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMAS, FRANCIS</b>	2.2 NAME	<b>DIMBAT, JOHN</b>
STREET ADDRESS	<b>2283 NW 22ND AVE, 14-103</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPTD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDY, ELEANOR</b>	3.2 NAME	
STREET ADDRESS	<b>2061 NW 21ST TERRACE, #4-104</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOFE, RITA</b>	4.2 NAME	<b>BUTLER, NANCY</b>
STREET ADDRESS	<b>2273 NW 22ND AVENUE #13-101</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>JULIAN, JOHN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JU, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>2104 NW 22ND AVEBUE #9-105</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>CARLUCCI, PETER</b>
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 3/13/97 1897-2014

CFR2E037 (9/96)