

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90009 016 ****61.25

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02052004 Chg-NP CR2E037 (10/03)

DOCUMENT # 759578							
1. Entity Name THE ESTUARY AT NORTH RIVER SHORES CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 666 NE DIXIE HWY JENSEN BEACH, FL 34957		Mailing Address P.O. BOX 111 JENSEN BEACH, FL 34658 US					
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 59-2267186			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BRISTOL MANAGEMENT 1930 COMMERCE STE 1 JUPITER, FL 33458			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LITMAN, JAMES		NAME				
STREET ADDRESS	2071 NW 21ST TERR		STREET ADDRESS				
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ELAND, LAVRENE		NAME	<i>La Verne Eland</i>			
STREET ADDRESS	2233 NW 22ND AVE 17-102		STREET ADDRESS				
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BENSPE, TOM		NAME				
STREET ADDRESS	2061 NW 21ST TERR 4-107		STREET ADDRESS				
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CHAN, MICHELE		NAME				
STREET ADDRESS	2216 NW 22ND AVE 10-104		STREET ADDRESS				
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RHETT, WILLIAM		NAME				
STREET ADDRESS	2233 NW 22ND AVE 17-103		STREET ADDRESS				
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: <i>Killian H. Reed</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #		