


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90059 027 \*\*\*\*61.25

<b>DOCUMENT # 759578</b>			
1. Entity Name <b>THE ESTUARY AT NORTH RIVER SHORES CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>666 NE DIXIE HWY          JENSEN BEACH, FL 34957</b>		Mailing Address <b>P.O. BOX 111          JENSEN BEACH, FL 34658 US</b> <i>% BRISTOL MANAGEMENT</i>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>735 COLORADO AVE          SUITE 3</b>	
City & State <b>STUART, FLORIDA</b>		4. FEI Number <b>59-2267186</b>	
Zip <b>34994</b>		Country <b>MARTIN</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BRISTOL MANAGEMENT          1930 COMMERCE STE 1          JUPITER, FL 33458</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LITMAN, JAMES 2071 NW 21ST TERR STUART, FL 34994	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELAND, LA VERNE 2233 NW 22ND AVE 17-102 STUART, FL 34994	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSPE, TOM 2061 NW 21ST TERR 4-107 STUART, FL 34994	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RHETT, WILLIAM 2233 NW 22ND AVE 17-103 STUART, FL 34994	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELAN, DAVID 2243 NW 22ND AVE 16-104 STUART, FL 34994	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 life empowered.			
<b>SIGNATURE:</b> <i>La Verne Eland</i>		Date <i>2/23/05</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	