

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 04, 2009
Secretary of State**

DOCUMENT# 759578

Entity Name: THE ESTUARY AT NORTH RIVER SHORES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

955 SE FEDERAL HWY
STE 202
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

C/O COASTAL COMMUNITY
955 SE FEDERAL HWY STE 202
STUART, FL 34994 US

New Mailing Address:

FEI Number: 59-2267186 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COASTAL COMMUNITY ASSOC. MGMT
955 SE FEDERAL HWY
STE 202
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: TR () Delete
Name: PATERSON, JOHN
Address: 2104 NW 22ND AVE 9-109
City-St-Zip: STUART, FL 34994

Title: S () Delete
Name: RHETT, IRIS
Address: 2233 NW 22ND AVE 17-103
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: BENEPE, TOM
Address: 2061 NW 21ST TERR 4-107
City-St-Zip: STUART, FL 34994

Title: P () Delete
Name: RHETT, WILLIAM
Address: 2233 NW 22ND AVE 17-103
City-St-Zip: STUART, FL 34994

Title: VP () Delete
Name: DELGADO, RUAY
Address: 2061 NW 21ST TERR 4-106
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ELAND, LAVERNE
Address: 2233 NW 22ND AVE 17-102
City-St-Zip: STUART, FL 34994

Title: VP (X) Change () Addition
Name: BENEPE, TOM
Address: 2061 NW 21ST TERR 4-107
City-St-Zip: STUART, FL 34994

Title: P (X) Change () Addition
Name: GERLING, RICHARD
Address: 2019 NW 21ST TERRACE 7-101
City-St-Zip: STUART, FL 34994

Title: D (X) Change () Addition
Name: CUICCI, PETER
Address: 2263 NW NW 22ND AVENUE 14-105
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify 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: DENISE HIRN

LCAM

03/04/2009

Electronic Signature of Signing Officer or Director

Date