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

DOCUMENT # 759578

1. Entity Name

THE ESTUARY AT NORTH RIVER SHORES CONDOMINIUM AS



FILED Mar 31, 2003 8:00 am Secretary of State 03-31-2003 90301 028 ****61.25

SOCIATIO	ON, INC.							
Principal Place of Business 666 NE DIXIE HWY JENSEN BEACH FL 34957		Mailing Address P.O. BOX 111 JENSEN BEACH FL 34658 US					1) 1 (1 1) 2 (1 1) 3 (1 1) 	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		-	4. FEI Number 59-2267186 Applied For			
Zip Country		Zip	Country		5. Certificate of Status Desired See Required			
	6. Name and Address of Current	Registered Agent			7. Name and Addre	ss of New Registered Ag		
= <u>\</u> =====			Nam	e Q				<u> </u>
JAKAB.	JOSEPH J			17/	C12401 M	ACMS OACH		
666 NE DIXIE HWY			Street	Street Address (RO. Box Number is Not Acceptable)				
	BEACH FL 34957			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	2011		.,
	•		City				I ~: ^ ·	
	24,		City*	J081	T82	FL	333	58
8. The above	e named entity submits this statement for	the purpose of changing its re	egistered office			State of Florida. I am far	niliar with,	and accept
the obliga	itions of registered agent.							
	11	0 0 -	1.1		:			ا و
SIGNATURE		nato, MESI				<u> </u>	<u>,-0</u>	<u> </u>
	Signature, typed or printed name of registered agent a	nd that applicable. (NOTE: I	Registered Agent sig	gnature required	when reinstating)	DATE		1
								·
	FILE NOW: FEE IS \$61.25	9. Election Camp	aign Financin	g	\$5.00 May Be	Make Check I	Pavable	to
	FEE 13 \$01,25	Trust Fund Co			Added to Fees	Florida Departn		
					,			
10.	OFFICERS AND DIR	ECTORS	11.		DDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN	10
TITLE "	VPD	Delete	TITLE	710			Change	Addition
NAME	LUTHMAN, REINHARDT		NAME	Jan	res Litman	To E 101		
STREET ADDRESS	2104 NW 22ND AVE #9-102		STREET ADDRES			Tark 5-102	•	
CITY-ST-ZIP	STUART FL		CITY-ST-ZIP	STO	JANT, FL	34994		
TITLE	PD	☐ Delete	TITLE	95	<u> </u>		Change	Addition
NAME	DIMBAT, JOHN		NAME	LAV	3175 E/ 470	Au 17-102		1
STREET ADDRESS	2104 NW 22ND AVE #9-121		STREET ADDRES	, o				
CITY-ST-ZIP	STUART FL TO STUART FL	معاشوه يشاهمه والمرادي	- CITY-ST-ZIP	> 221	1402 120V	34.604		_{Ec.}
TITLE	TD	Delete	TITLE		^		Change	Addition
NAME	HOFFMAN, NORMAN		NAME	10 ~	1 Bango	Tra Valor	٦.	
STREET ADDRESS	2061 NW 21ST TERR #4-106		STREET ADDRES			A Isea 4-10"	`	
CITY-ST-ZIP	STUART FL 34994		CITY-ST-ZIP			- 34994		į
TITLE	SD	Delete	TITLE	$\mathcal{L}\mathcal{D}$, , <u>~</u>	and Are 10-1	Change	Addition
NAME	KINCAID, CORINNE		NAME	Mic	1 6 6 Ch	1900 In 110-1	nd	
STREET ADDRESS	2216 NW 22ND AVE #10-101		STREET ADDRES	2 2 g	10 Dm 39	~ 10"1	U	
CITY-ST-ZIP	STUART FL 34994	··	CITY-ST-ZIP	24	UALT, T	C 34994		
TITLE	DUETT MULLANA	□ D elete	TITLE			` [Change	Addition
NAME	RHETT, WILLIAM		NAME					Ì
STREET ADDRESS	2233 NW 22ND AVE #17-103		STREET ADDRES	s				
CITY-ST-ZIP	STUART FL 34994		CITY-ST-ZIP					
TITLE	William Rhatt	☐ Delete	TITLE	ŀ] Change	- Addition
NAME	2233 DW 22-1 Are	17-103	NAME					ĺ
STREET ADDRESS		t	STREET ADDRES	S				
CITY-ST-ZIP	STUANT, FC	34997	CITY-ST-ZIP					
12. Thereby o	certify that the information supplied with	his filing does not qualify for th	ne exemption s	tated in Sec	tion 119 07(3)(i) Florid	a Statutes I further certify	that the in	formation

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.

SIGNATURÉ: 1

3-21-03

772-692-0885