

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY - 1 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760883 (9)
1. Corporation Name
**415 NORTH RIVER DRIVE CONDOMINIUM ASSOCIATION, I
NC.**

Principal Place of Business Mailing Address
C/O CONCEPT MANAGEMENT SERVICE **C/O CONCEPT MANAGEMENT SERVICE**
7136 SE OSPREY STREET **7136 SE OSPREY STREET**
HOBE SOUND FL 33455 **HOBE SOUND FL 33455**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 12/03/1981	3a. Date of Last Report 04/15/1994
4. FEI Number 65-0159078	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent
RIFKIN, AVRON C., ESQ.
2400 SOUTH FEDERAL HIGHWAY
STUART FL 34994
GEORGE URGO
CONCEPT MANAGEMENT

10. Name and Address of New Registered Agent
81 Name **GEORGE E. URGO**
82 Street Address (P.O. Box Number is Not Acceptable)
CONCEPT MANAGEMENT SERVICE
83 **7136 SE OSPREY STREET**
84 City **HOBE SOUND** FL 85 Zip Code **33455**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **4-26-95**
Signature typed or printed (circle of registration) and file # applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAWVER, SHARREN L.	1.2 NAME	
STREET ADDRESS	415 N RIVER DR #101	1.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUND, ALICE	2.2 NAME	
STREET ADDRESS	415 NORTH RIVER DRIVE 201	2.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHRER, JOHN R.	3.2 NAME	
STREET ADDRESS	415 N RIVER DR #401	3.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **4-5-95** (407) 692-040
Signature typed or printed (circle of registration) and file # applicable (NOTE: Registered Agent signature required when reinstating)