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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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
7136 SE OSPREY STREET
HOBE SOUND FL 33455

C/O CONCEPT MANAGEMENT SERVICE
7136 SE OSPREY STREET
HOBE SOUND FL 33455-6159

3. Date Incorporated or Qualified
12/03/1981

3a. Date of Last Report
04/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0159078

Applied For
Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

URGO, GEORGE E
CONCEPT MANAGEMENT SERVICE
7136 SE OSPREY STREET
HOBE SOUND FL 33455

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD SHAWVER, SHARREN L. DELETE
NAME SHAWVER, SHARREN L.
STREET ADDRESS 415 N RIVER DR #101
CITY-ST-ZIP STUART FL

1.1 TITLE PD CANTERBURY, SHARREN Change
1.2 NAME CANTERBURY, SHARREN
1.3 STREET ADDRESS 415 N.RIVER DRIVE #101
1.4 CITY-ST-ZIP STUART, FL 34994

TITLE STD MOUND, ALICE DELETE
NAME MOUND, ALICE
STREET ADDRESS 415 NORTH RIVER DRIVE 201
CITY-ST-ZIP STUART FL

2.1 TITLE STD MOUND, ALICE Change
2.2 NAME MOUND, ALICE
2.3 STREET ADDRESS 415 NORTH RIVER DRIVE 201
2.4 CITY-ST-ZIP STUART FL

TITLE VD KNOBEL, JAMES D. DELETE
NAME KNOBEL, JAMES D.
STREET ADDRESS 415 N RIVER DR #403
CITY-ST-ZIP STUART FL

3.1 TITLE VD KNOBEL, JAMES D. Change
3.2 NAME KNOBEL, JAMES D.
3.3 STREET ADDRESS 415 N RIVER DR #403
3.4 CITY-ST-ZIP STUART FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE DELETE Change
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE DELETE Change
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE DELETE Change
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sharren Canterbury President (571) 692-2963 1/28/97

CR2E037 (9/96)