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Mar 16, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 760883**

1. Corporation Name  
**415 NORTH RIVER DRIVE CONDOMINIUM ASSOCIATION, I NC.**

Principal Place of Business C/O CONCEPT MANAGEMENT SERVICE 7136 SE OSPREY STREET HOBE SOUND FL 33455	Mailing Address C/O CONCEPT MANAGEMENT SERVICE 7136 SE OSPREY STREET HOBE SOUND FL 33455
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/03/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0159078
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLASSON, CHARLES	1.2 NAME	CANTERBURY, SHARREN
STREET ADDRESS	415 NORTH RIVER DRIVE #303	1.3 STREET ADDRESS	415 NORTH RIVER DRIVE #101
CITY-ST-ZIP	STUART FL 34994	1.4 CITY-ST-ZIP	STUART, FL 34994
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROHRER, JOHN	2.2 NAME	NORTHCUTT, JAMES
STREET ADDRESS	415 NORTH RIVER DRIVE #401	2.3 STREET ADDRESS	415 NORTH RIVER DRIVE #202
CITY-ST-ZIP	STUART FL 34994	2.4 CITY-ST-ZIP	STUART, FL 34994
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YORK, WAYNE	3.2 NAME	PODBIELSKI, LUCIA
STREET ADDRESS	85 SE ST LUCIE BLVD	3.3 STREET ADDRESS	415 NORTH RIVER DRIVE #402
CITY-ST-ZIP	STUART FL 34994	3.4 CITY-ST-ZIP	STUART, FL 34994
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	MOUND, ALICE
STREET ADDRESS		4.3 STREET ADDRESS	415 NORTH RIVER DRIVE #201
CITY-ST-ZIP		4.4 CITY-ST-ZIP	STUART, FL 34994
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: *Katherine Harris* 3/11/99 (561) 692 2963  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)