

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03727

FILED
Mar 07, 2007
Secretary of State

Entity Name: SOUTH RIVER VILLAGE THREE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

30 SW SOUTH RIVER DRIVE
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

30 SW SOUTH RIVER DRIVE
STUART, FL 34997 US

New Mailing Address:

FEI Number: 59-2427505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNETT, JANE
401 E OSCEOLA STREET
STUART, FL 34994 US

Name and Address of New Registered Agent:

ROSS EARLE & BONAN, P.A.
759 S FEDERAL HIGHWAY
STUART, FL 34994 US

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: DEBORAH L. ROSS

03/07/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOLF, JOHN R JR
Address: 421 SW SOUTH RIVER DRIVE, #207
City-St-Zip: STUART, FL 34997

Title: VPSD () Delete
Name: RENZI, JAMES F
Address: 451 SW SOUTH RIVER DRIVE, #107
City-St-Zip: STUART, FL 34997

Title: TD () Delete
Name: MADAUSS, WILLIAM
Address: 451 SW SOUTH RIVER DRIVE, #102
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: DAVIS, RONALD F SR
Address: 451 SW SOUTH RIVER DRIVE, #106
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: STORMS, ALBERTT J
Address: 511 SW SOUTH RIVER DRIVE, #101
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN R. WOLF, JR.

PD

03/07/2007

Electronic Signature of Signing Officer or Director

Date