

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90006 002 ***150.00

DOCUMENT # 730706 1. Entity Name NORTH RIVER SHORES PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 801 JOHNSON AVENUE P O BOX 2202 STUART, FL 34995			Mailing Address 801 JOHNSON AVENUE P O BOX 2202 STUART, FL 34995		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. PO Box 3154		3. Mailing Address Suite, Apt. #, etc. PO Box 3154			
City & State Zip		City & State Zip		4. FEI Number 59-2140953	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAZI, LEIF J 217 E. OLEAN BLVD STUART, FL 34994				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 217 E Ocean Blvd. City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEBLANC, JIM 1843 NW SHORE TERR. STUART, FL 34994	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIZZOLO, JAMES 910 NW 11TH TERR STUART, FL 34994	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WRIGHT, BOB 1503 NW PINE LAKE DR STUART, FL 34994	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUDOR, LOU 1996 NW FORK RD. STUART, FL 34994	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Trish Littman 1829 NW River Tr. Stuart, FL 34994	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Anderson 1400 NW Lakeside Tr. Stuart, FL 34994	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: <i>James Rizzolo</i> 5/1/07 772-692-4214 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40107813



05012007 Chg-NP CR2E037 (12/06)

Applied For

Not Applicable

FL

Zip Code

ATTACHMENT

OFFICERS & DIRECTORS CONT.

D - Addition
Geroge Milne
1706 NW Harbor Pl.
Stuart, FL 34994

D - Addition

Karen Fortmeyer
1464 NW Spruce Ridge Dr.
Stuart, FL 34994

D - Addition

Lisa Ricchiuti
1336 NW Pine Ridge Tr.
Stuart, FL 34994

40107815

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