

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 25, 2008 8:00 am
Secretary of State

05-29-2008 90196 003 ****61.25

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1st MOORE CR2E037 (10/07)

DOCUMENT # 748816					
1. Entity Name FORK RIVER HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 401 EAST OSCEOLA ST STUART FL 34994			Mailing Address 401 EAST OSCEOLA ST STUART FL 34994		
2. Principal Place of Business - No P.O. Box # 171 S.E. RIVERBEND ST.			3. Mailing Address SAME AS BUSINESS ADDRESS		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State STUART FL.			City & State		
Zip 34997		Country U.S.A.		4. FEI Number 23-7333107	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CORNETT, JANE L ESQ. 401 EAST OSCEOLA ST STUART FL 34994			7. Name and Address of New Registered Agent Name REV. RONALD J. FRENCH Street Address (P.O. Box Number is Not Acceptable) 171 S.E. RIVERBEND STREET City STUART FL 34997		
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 (NOTE: Registered Agent signature required when reappointing) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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 FRENCH, RONALD 171 SE RIVERBEND ST. STUART FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMPSON, GEORGE R 142 SE RIVERBEND ST. STUART FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THOMPSON, CINDY 142 SE RIVERBEND ST. STUART FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNDLACH, ALAN 7778 SE FORK DR STUART FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: R. J. FRENCH 5/1/08 772-283-7355					