

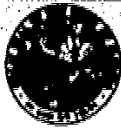
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 750944 (1)
1. Corporation Name
SOUTH RIVER MANOR CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**1826 N. DIXIE HIGHWAY
FT. LAUDERDALE FL 33305-3838** **1826 N. DIXIE HIGHWAY
FT. LAUDERDALE FL 33305-3838**

3. Date Incorporated or Qualified **02/05/1980** 3a. Date of Last Report **11/18/1994**
4. FEI Number **65-0135486** Applied For
Not Applicable
5. Certificate of Status Desired **\$0.75 Additional
Fee Required**
6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be
Added to Fees**
7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status **\$68.75 Supplemental
Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**CASORIA, S.M., HI, ESO.
#600, 1040 BAYVIEW DRIVE
FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEBEL, FELIX A.
STREET ADDRESS	1826 N DIXIE HWY. #208
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VD
NAME	FISHER, ERNEST
STREET ADDRESS	1826 N. DIXIE HWY. #104
CITY-ST-ZIP	FT. LAUDERDALE FL 33305
TITLE	TD
NAME	HRIVNAK, BOB
STREET ADDRESS	1826 N DIXIE HWY. #203
CITY-ST-ZIP	FT. LAUDERDALE FL 33305
TITLE	S
NAME	HARRISON, TRICIA
STREET ADDRESS	2008 S. W. 83RD AVE.
CITY-ST-ZIP	DAVE, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FISHER, ERNEST	
1.3 STREET ADDRESS	1826 N. DIXIE HWY. #104	
1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MCCORMICK, JAMES W.	
2.3 STREET ADDRESS	705 SW 22ND AVENUE	
2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SOSS, LEIGH ANN	
4.3 STREET ADDRESS	1826 N. DIXIE HWY. #206	
4.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

2/2/94

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 in an attachment with an address.

SIGNATURE: *Ernest Fisher* **ERNEST FISHER** **2/2/95** **305-564-2661**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)