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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750944 (1)

1. Corporation Name
SOUTH RIVER MANOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1826 N. DIXIE HIGHWAY FT. LAUDERDALE FL 33305-3838	Mailing Address 1826 N. DIXIE HIGHWAY FT. LAUDERDALE FL 33305-3841
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3. Date Incorporated or Qualified 02/05/1980	3a. Date of Last Report 03/13/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 65-0135486	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CASORIA, S.M., III, ESQ.
#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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME FISHER, ERNEST	
STREET ADDRESS 1826 N. DIXIE HWY. #104	
CITY-ST-ZIP FT. LAUDERDALE FL 33305	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME MCCORMICK, JAMES W.	
STREET ADDRESS 705 SW 22ND AVENUE	
CITY-ST-ZIP FORT LAUDERDALE FL 33312	
TITLE TD	<input type="checkbox"/> DELETE
NAME HRIVNAK, BOB	
STREET ADDRESS 1826 N DIXIE HWY. #203	
CITY-ST-ZIP FT. LAUDERDALE FL 33305	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME SOSS, LEIGH ANN	
STREET ADDRESS 1826 N DIXIE HWY. #206	
CITY-ST-ZIP FORT LAUDERDALE FL 33305	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
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 RONALD B. MUNDY	
1.3 STREET ADDRESS 1826 N. DIXIE HWY # 202	
1.4 CITY-ST-ZIP Ft LAUD FL 33305	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME LEIGH ANN SOSS	
2.3 STREET ADDRESS 1826 N. Dixie Hwy #206	
2.4 CITY-ST-ZIP FT LAUD FL 33305	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME ERNEST S. FISHER	
4.3 STREET ADDRESS 1826 N. Dixie Hwy # 104	
4.4 CITY-ST-ZIP FT LAUD 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	

14. I do 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.

SIGNATURE: *Robert C. Heivnak* **Robert C. Heivnak** 1-24-97 954-566-4803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035887

CR2E037 (9/96)