

FILE NOW: FILING FEE IS \$61.25


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Jan 23, 1999 8:00 am
Secretary of State

01-23-1999 90058 018 ****61.25

LAUDERDALE

SECRETARY OF STATE

CR2E037 (11/98)

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750944
 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 33305-3838
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/05/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0135486
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CASORIA, S.M., III, ESQ. #600, 1040 BAYVIEW DRIVE FT. LAUDERDALE FL 33304				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNDY, RONALD	1.2 NAME	
STREET ADDRESS	1826 NORTH DIXIE HIGHWAY #202	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMICK, JAMES W	2.2 NAME	
STREET ADDRESS	705 SW 22ND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 3312	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, NANCY K	3.2 NAME	
STREET ADDRESS	1841 NW 40TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL 33309	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, ERNEST	4.2 NAME	
STREET ADDRESS	1841 NW 40 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL 33309	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Ernest Fisher SIGNATURE ERNEST FISHER 1/7/99 954-739-6170
Signature and typed or printed name of signing officer or director Date Daytime Phone #