
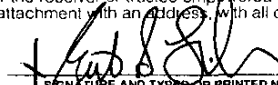


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90044 016 ****61.25

DOCUMENT # 750944					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0135486	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SHAPIRO, PAUL 2771 TREASURE COVE CIRLCE FORT LAUDERDALE, FL 33312				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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 _____ DATE _____ <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, 2005		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 FISHER, ERNEST S 4741 NE 15 TERRACE FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES W. MCCORMICK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3031 NE 14 AVENUE OAKLAND PARK, FL 33334		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FISHER, NANCY K <input checked="" type="checkbox"/> Delete 4741 NE 15 TERRACE OAKLAND PARK, FL 33334	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CYNTHIA J. MUNDY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1826 N. DIXIE HIGHWAY #202 FORT LAUDERDALE, FL 33305		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FISHER, NANCY K <input type="checkbox"/> Delete 4741 NE 15 TERRACE OAKLAND PARK, FL 33334	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FISHER, ERNEST S <input checked="" type="checkbox"/> Delete 4741 NE 15TH TERR OAKLAND PARK, FL 33334	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELFMAN, HOWARD <input type="checkbox"/> Delete 1512 E BROWARD BLVD., STE. 201 FORT LAUDERDALE, FL 33301	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 exemption stated in Section 119.07(3)(i), 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:  ERNEST S. FISHER			03/17/05 954-452-1958		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: _____ Daytime Phone # _____		