

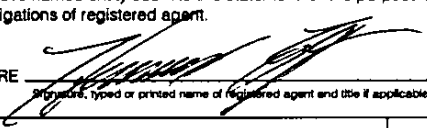
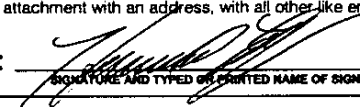


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90092 029 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		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. Name and Address of Current Registered Agent SHAPIRO, PAUL 2771 TREASURE COVE CIRLCE FORT LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name Howard Elftman Street Address (P.O. Box Number is Not Acceptable) 3045 N. Federal Highway #24 City Ft. Lauderdale FL Zip Code 33306		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 1/23/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		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	VPD Fisher Ernest 4741 NE 15th Terrace Fort Lauderdale FL 33334
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENSINGER-BUSHNELL, LISA 1826 N DIXIE HWY 207 FORT LAUDERDALE, FL 33305	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENSINGER-BUSHNELL, LISA 1826 N DIXIE HWY 207 FORT LAUDERDALE, FL 33305
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FISHER, NANCY K 4741 NE 15 TERRACE OAKLAND PARK, FL 33334	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FISHER, NANCY K 4741 NE 15 TERRACE OAKLAND PARK, FL 33334
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MUNDY, JAIMIE 1826 N DIXIE HWY 202 FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mundy Jamie 1826 N. Dixie Hwy 202 Fort Lauderdale FL 33305
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELFMAN, HOWARD 1512 E BROWARD BLVD STE 201 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Elftman, Howard P.O. Box 23546 Ft. Lauderdale FL 33307
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELFMAN, HOWARD 1512 E BROWARD BLVD STE 201 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELFMAN, HOWARD 1512 E BROWARD BLVD STE 201 FORT LAUDERDALE, FL 33301
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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 Chapter 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 1/23/07 <small>Date</small>		
Daytime Phone #			Daytime Phone #		