FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 759578 (8)

1. Corporation Name
THE ESTUARY AT NORTH RIVER SHORES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
850 POP TILTONS PLACE P. O. BOX 65 JENSEN BEACH FL 34958	850 POP TILTONS PLACE P. O. BOX 65 JENSEN BEACH FL 34958

3. Date Incorporated or Qualified: 08/11/1981
3a. Date of Last Report: 03/28/1995

2. Principal Place of Business	2a. Mailing Address
21 1274 NE Business Park Pl	26 PO Box 65
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jensen Beach Fl	City & State 28 Jensen Beach, Fl
Zip 24 34957 Country 25	Zip 29 34958 Country 30

4. FEI Number: 59-2267186 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ADVANTAGE PROPERTY MANAGEMENT, INC. LORRAINE FORTE 850 POP TILTONS PL.,P.O. BOX 65 JENSEN BEACH FL 34958	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 _____ DATE _____
Signature, type or print name of registered agent, and, if applicable, title (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	BENEPE, RICHARD		12 NAME		
STREET ADDRESS	2071 NW 21ST TERR 6-105		13 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		14 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	21 TITLE	PD	☒ Change ☐ Addition
NAME	THOMAS, FRANCIS		22 NAME		
STREET ADDRESS	2263 NW 22ND AVE, 14-103		23 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		24 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	31 TITLE	VP T D	☒ Change ☐ Addition
NAME	GOLDY, ELEANOR		32 NAME		
STREET ADDRESS	2061 NW 21ST TERRACE, #4-104		33 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		34 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	41 TITLE	SD	☐ Change ☒ Addition
NAME	ROSE, SYDNEY		42 NAME	HOFE, RITA	
STREET ADDRESS	2263 NW 22ND AVE., #14-101		43 STREET ADDRESS	2273 NW 22ND AVE #13-101	
CITY-ST-ZIP	STUART FL		44 CITY-ST-ZIP	STUART FL 34994	
TITLE	TD	☒ DELETE	51 TITLE	D	☐ Change ☒ Addition
NAME	TRAYNOR, JOSEPH		52 NAME	JR, JOHN	
STREET ADDRESS	2071 NW 21ST TERRACE, #5-101		53 STREET ADDRESS	2104 NW 22ND AVE #9-104	
CITY-ST-ZIP	STUART FL		54 CITY-ST-ZIP	STUART FL 34994	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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 119.07(3)(k), 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: Eleanor Goldy 3/11/96 407-692-2542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Eleanor Goldy