AMENDED

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

03-22-2004 90070 039 ****61.25
FILE 759578

04 MAR 30 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

24026410

MOORE CR2E037 (11/03)

DOCUMENT # 759578

1. Entity Name

THE ESTUARY AT NORTH RIVER SHORES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
666 NE DIXIE HWY JENSEN BEACH FL 34957	P.O. BOX 111 JENSEN BEACH FL 34658 US

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 59-2267186 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRISTOL MANAGEMENT 1930 COMMERCE STE 1 JUPITER FL 33458	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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	VPD LITMAN, JAMES 2071 NW 21ST TERR STUART FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DAVID ELAM 2243 NW 22nd Ave 16-104 STUART FL 34994 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ELAND, LAVRENE 2233 NW 22ND AVE 17-102 STUART FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Lavrene Eland
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENSPE, TOM 2061 NW 21ST TERR 4-107 STUART FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 3/30
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CHAN, MICHELE 2216 NW 22ND AVE 10-104 STUART FL 34994	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RHETT, WILLIAM 2233 NW 22ND AVE 17-103 STUART FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 3-11-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #