2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State
03-18-2008 90011 034 ****61.25

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	C/O BRISTOL MANAGEMENT 735 COLORADO AVE STE 3 STUART, FL 34994 US

02252008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
955 SE FEDERAL HWY	C/O COASTAL COMMUNITY
Suite, Apt. #, etc.: SUITE 202	Suite, Apt. #, etc.: 955 SE FEDERAL HWY STE 202
City & State: STUART FL	City & State: STUART FL
Zip: 34994 Country: USA	Zip: 34994 Country: USA

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: COASTAL COMMUNITY ASSOC MGMT Street Address (P.O. Box Number is Not Acceptable): 955 SE FEDERAL HWY STE 202 City: STUART FL Zip Code: 34994

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: [signature] LCAM 2-22-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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	TR PATERSON, JOHN 2104 NW 22ND AVE 9-109 STUART, FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ELAND, LA VERNE 2233 NW 22ND AVE 17-102 STUART, FL 34994	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY IRIS RHETT 2233 NW 22ND AVE 17-103 STUART, FL 34994 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BENSPE, TOM 2061 NW 21ST TERR 4-107 STUART, FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR BENEPE, TOM 2061 NW 21ST TERR 4-107 STUART, FL 34994 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P 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	D MCGRATH, WILLIAM 2081 21ST TERRACE 6-102 STUART, FL 34994	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RUDY DELGADO 2061 NW 21ST TERR 4-106 STUART, FL 34994 ☐ 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 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: Iris Rhett 3/3/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #