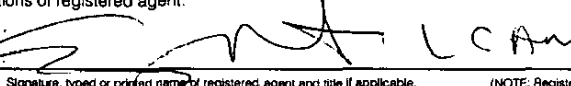
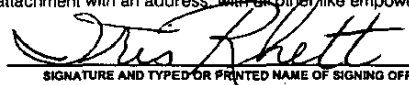


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90011 034 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        |                                                                                                                        |                                                       |                                                                                                                                                                                                                                                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 759578</b><br>1. Entity Name<br><b>THE ESTUARY AT NORTH RIVER SHORES<br/>CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        |                                                                                                                        |                                                       |                                                                                                                                                                   |  |
| Principal Place of Business<br><b>666 NE DIXIE HWY<br/>JENSEN BEACH, FL 34957</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                                                        |                                                       | Mailing Address<br><b>C/O BRISTOL MANAGEMENT<br/>735 COLORADO AVE STE 3<br/>STUART, FL 34994 US</b>                                                                                                                                                |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>955 SE FEDERAL HWY</b><br>Suite, Apt. #, etc.<br><b>SUITE 202</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        | 3. Mailing Address<br><b>C/O COASTAL COMMUNITY</b><br>Suite, Apt. #, etc.<br><b>955 SE FEDERAL HWY STE 202</b>         |                                                       |                                                                                                                                                                  |  |
| City & State<br><b>STUART FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | City & State<br><b>STUART FL</b>                                                                                       |                                                       | 4. FEI Number<br><b>59-2267186</b>                                                                                                                                                                                                                 |  |
| Zip<br><b>34994</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        | Country<br><b>USA</b>                                                                                                  |                                                       | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                    |  |
| 6. Name and Address of Current Registered Agent<br><b>BRISTOL MANAGEMENT<br/>1930 COMMERCE STE 1<br/>JUPITER, FL 33458</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                                                                                        |                                                       | 7. Name and Address of New Registered Agent<br>Name <b>COASTAL COMMUNITY ASSOC MGMT</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>955 SE FEDERAL HWY</b><br><b>STE 202</b><br>City <b>STUART</b> <b>FL</b> Zip Code <b>34994</b> |  |
| 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.<br>SIGNATURE:  <b>2-22-08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                            |                                                                        |                                                                                                                        |                                                       |                                                                                                                                                                                                                                                    |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                       | Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                        |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TR<br>PATERSON, JOHN<br>2104 NW 22ND AVE 9-109<br>STUART, FL 34994     | <input type="checkbox"/> Delete                                                                                        |                                                       |                                                                                                                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | S<br>ELAND, LA VERNE<br>2233 NW 22ND AVE 17-102<br>STUART, FL 34994    | <input checked="" type="checkbox"/> Delete                                                                             |                                                       |                                                                                                                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VP<br>BENSPE, TOM<br>2061 NW 21ST TERR 4-107<br>STUART, FL 34994       | <input type="checkbox"/> Delete                                                                                        |                                                       |                                                                                                                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | P<br>RHETT, WILLIAM<br>2233 NW 22ND AVE 17-103<br>STUART, FL 34994     | <input type="checkbox"/> Delete                                                                                        |                                                       |                                                                                                                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D<br>MCGRATH, WILLIAM<br>2081 21ST TERRACE 6-102<br>STUART, FL 34994   | <input checked="" type="checkbox"/> Delete                                                                             |                                                       |                                                                                                                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VP<br>RUDY DELGADO<br>2061 NW 21ST TERR 4-106<br>STUART, FL 34994      | <input type="checkbox"/> Delete                                                                                        |                                                       |                                                                                                                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SECRETARY<br>IRIS RHETT<br>2233 NW 22ND AVE 17-103<br>STUART, FL 34994 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                           |                                                       |                                                                                                                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DIRECTOR<br>BENEPE, TOM<br>2061 NW 21ST TERR 4-107<br>STUART, FL 34994 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                           |                                                       |                                                                                                                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VP<br>RUDY DELGADO<br>2061 NW 21ST TERR 4-106<br>STUART, FL 34994      | <input type="checkbox"/> Change <input checked="" 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:  <b>3/3/08</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                                                                                                        |                                                       |                                                                                                                                                                                                                                                    |  |