

FILE NOW: FILING FEE IS \$61.25

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**May 20 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 759654 (7)
1. Corporation Name
SOUTH RIVER PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
**30 SW SOUTH RIVER DR.
STUART FL 34997
US** **30 SW SOUTH RIVER DR.
STUART FL 34997-3215
US**

3. Date Incorporated or Qualified 3a. Date of Last Report
08/18/1981 **05/01/1996**

| | | | | | | | |
|--------------------------------|--|------------------------|--|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 59-2142503 | | <input checked="" type="checkbox"/> Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**WACKEEN & CORNETT
401 E. OSCEOLA ST.
STUART FL 34994**

10. Name and Address of New Registered Agent

| | |
|---|-----------|
| B1 Name | |
| B2 Street Address (P.O. Box Number is Not Acceptable) | |
| B3 | |
| B4 City | FL |
| B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BURKE, E. | |
| STREET ADDRESS | 570 SW SOUTH RIVER DR. #207 | |
| CITY-ST-ZIP | STUART FL | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | COLEMAN, R. | |
| STREET ADDRESS | 91 SW S. RIVER DR., #201 | |
| CITY-ST-ZIP | STUART FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | HORAK, M | |
| STREET ADDRESS | 421 SW S. RIVER DR., #103 | |
| CITY-ST-ZIP | STUART FL | |
| TITLE | ASD | <input type="checkbox"/> DELETE |
| NAME | CHAPMAN, H. | |
| STREET ADDRESS | 300 SW S. RIVER DR. #201 | |
| CITY-ST-ZIP | STUART FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | DE HAVEN, B. | |
| STREET ADDRESS | 741 SW. SOUTH RIVER DR., #205 | |
| CITY-ST-ZIP | STUART FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------|---|
| 1.1 TITLE | PD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | MARGERY HORAK | |
| 1.3 STREET ADDRESS | 421 SW SOUTH RIVER DR # 103 | |
| 1.4 CITY-ST-ZIP | STUART FL 34997 | |
| 2.1 TITLE | VPD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | ED BURKE | |
| 2.3 STREET ADDRESS | 570 SW SOUTH RIVER DR #207 | |
| 2.4 CITY-ST-ZIP | STUART FL, 34997 | |
| 3.1 TITLE | SD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | OWEN HORSCH | |
| 3.3 STREET ADDRESS | 361 SW SOUTH RIVER DR # 206 | |
| 3.4 CITY-ST-ZIP | STUART FL 34997 | |
| 4.1 TITLE | ASD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | RAY SMIT | |
| 4.3 STREET ADDRESS | 241 SW SOUTH RIVER DR #207 | |
| 4.4 CITY-ST-ZIP | STUART FL 34997 | |
| 5.1 TITLE | TD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | BERRIE DEHAVEN | |
| 5.3 STREET ADDRESS | 741 SW SOUTH RIVER DR #205 | |
| 5.4 CITY-ST-ZIP | STUART FL 34997 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do 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 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.

President

CR2E037 (9/96)