


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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

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

3. Date Incorporated or Qualified 08/18/1981	
4. FEI Number 59-2142503	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

WACKEEN & CORNETT
401 E.OSCEOLA ST.
STUART FL 34904

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BURKE, E.	1.2 NAME	HORAK, MARGERY
STREET ADDRESS	570 SW SOUTH RIVER DR. #207	1.3 STREET ADDRESS	421 S.W. South River Dr. #103
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	Stuart FL 34997
TITLE	VPD	2.1 TITLE	VPD
NAME	COLEMAN, R.	2.2 NAME	BURKE, ED
STREET ADDRESS	91 SW S. RIVER DR., #201	2.3 STREET ADDRESS	570 SW South River Dr. #207
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	Stuart FL 34997
TITLE	SD	3.1 TITLE	SD
NAME	HORAK, M	3.2 NAME	GESSLING, MARTHA
STREET ADDRESS	421 SW S. RIVER DR., #103	3.3 STREET ADDRESS	121 SW South River Dr. #106
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	Stuart FL 34997
TITLE	ASD	4.1 TITLE	ASD
NAME	CHAPMAN, H.	4.2 NAME	HINSLEY, WILLIAM
STREET ADDRESS	300 SW S. RIVER DR. #201	4.3 STREET ADDRESS	331 SW South River Dr. #103
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	Stuart FL 34997
TITLE	TD	5.1 TITLE	TD
NAME	DE HAVEN, B.	5.2 NAME	
STREET ADDRESS	741 SW. SOUTH RIVER DR., #205	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Margery Horak* Margery Horak April 9 1998 1-516-283-6028

CR2E037 (10/97)