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**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90114 005 \*\*\*\*61.25

0075763

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 759654**

1. Corporation Name

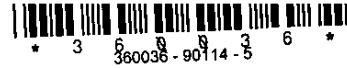
**SOUTH RIVER PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

30 SW SOUTH RIVER DR.  
 STUART FL 34997  
 US

Mailing Address

30 SW SOUTH RIVER DR.  
 STUART FL 34997  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/18/1981

4. FEI Number

59-2142503

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

6. Election Campaign Financing

\$5.00 May Be  
 Added to Fees

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BURKE, E.	
STREET ADDRESS	570 SW SOUTH RIVER DR. #207	
CITY-ST-ZIP	STUART FL 34997	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GESSLING, MARTHA	
STREET ADDRESS	121 SW SOUTH RIVER DR #106	
CITY-ST-ZIP	STUART FL 34997	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HORAK, M	
STREET ADDRESS	421 SW S. RIVER DR., #103	
CITY-ST-ZIP	STUART FL 34997	
TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	HINSLEY, WILLIAM	
STREET ADDRESS	331 SW SOUTH RIVER DR #103	
CITY-ST-ZIP	STUART FL 34997	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HINSLEY, WILLIAM	
1.3 STREET ADDRESS	331 SW SOUTH RIVER DR. #103	
1.4 CITY-ST-ZIP	STUART, FL 34997	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SMITH, CATHERINE	
2.3 STREET ADDRESS	121 SW SOUTH RIVER DR. #201	
2.4 CITY-ST-ZIP	STUART, FL 34997	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KWIATKOWSKI, RICHARD	
4.3 STREET ADDRESS	390 SW SOUTH RIVER DR. #206	
4.4 CITY-ST-ZIP	STUART, FL 34997	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE: *Margaret Harris* SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 1999  
 Date

Daytime Phone #

CR2E037 (11/98)