

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

0065240

DOCUMENT # 759654

1. Entity 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
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2142503

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

LEVINE, JAY S
2500 MILITARY TRAIL SUITE 490
BOCA RATON FL 33431

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **ATD** Delete
 NAME: **SOLO, WILLIAM**
 STREET ADDRESS: **390 SW SOUTH RIVER DRIVE #107**
 CITY-ST-ZIP: **STUART FL 34997**

TITLE: **VD** Change Addition
 NAME: **CATHERINE SMITH**
 STREET ADDRESS: **121 SW SOUTH RIVER DR. #201**
 CITY-ST-ZIP: **STUART, FL 34997**

TITLE: **PD** Delete
 NAME: **HORAK, M**
 STREET ADDRESS: **421 SW S. RIVER DR., #103**
 CITY-ST-ZIP: **STUART FL 34997**

TITLE: **SD** Change Addition
 NAME: **ALICE CARIANO**
 STREET ADDRESS: **540 SW SOUTH RIVER DR. #106**
 CITY-ST-ZIP: **STUART, FL 34997**

TITLE: **VD** Delete
 NAME: **HINSLEY, WILLIAM**
 STREET ADDRESS: **331 SW SOUTH RIVER DR #103**
 CITY-ST-ZIP: **STUART FL 34997**

TITLE: **ASD** Change Addition
 NAME: **JAMES BROWN**
 STREET ADDRESS: **331 SW SOUTH RIVER DR. #107**
 CITY-ST-ZIP: **STUART, FL 34997**

TITLE: **TD** Delete
 NAME: **DE HAVEN, B.**
 STREET ADDRESS: **741 SW. SOUTH RIVER DR., #205**
 CITY-ST-ZIP: **STUART FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **SD** Delete
 NAME: **SMITH, CATHERINE**
 STREET ADDRESS: **121 SW SOUTH RIVER DR, #201**
 CITY-ST-ZIP: **STUART FL 34997**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. 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 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: *Berrie H. DeHaven* **Berrie H. DeHaven** 4/11/01 (56) 283-9253
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE