

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0057104

DOCUMENT # 759654

1. Entity Name

SOUTH RIVER PROPERTY OWNERS' ASSOCIATION, INC.

04-02-2002 90912 032 ****61.25

Principal Place of Business

Mailing Address

**30 SW SOUTH RIVER DR.
 STUART FL 34997
 US**

**30 SW SOUTH RIVER DR.
 STUART FL 34997
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2142503

Applied For

Not Applicable

Zip

Country

Zip

Country

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	VD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, CATHERINE	
STREET ADDRESS	121 SW SWOUTH RIVER DR., #201	
CITY-ST-ZIP	STUART FL 34997	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CARIANO, ALICE	
STREET ADDRESS	540SW SWOUTH RIVER DR., #106	
CITY-ST-ZIP	STUART FL 34997	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, JAMES	
STREET ADDRESS	331 SW SWOUTH RIVER DR., #107	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHERINE SMITH	
STREET ADDRESS	121 SW SOUTH RIVER DR. #201	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL HORBAL	
STREET ADDRESS	540 SW SOUTH RIVER DR. #101	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES BROWN	
STREET ADDRESS	331 SW SOUTH RIVER DR. #107	
CITY-ST-ZIP	STUART, FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGERY HORAK	
STREET ADDRESS	421 SW SOUTH RIVER DR. #103	
CITY-ST-ZIP	STUART, FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Margery Horak*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-02 (772)283-9253
 Date Daytime Phone #

CR2E037 (9/01)