

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90039 006 ****61.25

DOCUMENT # 759654
1. Entity 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**



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State
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
**LEVINE, JAY S
2500 MILITARY TRAIL SUITE 490
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.
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
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	ASTD SMIT, BONNA	<input type="checkbox"/> Delete
STREET ADDRESS	181 SW SOUTH RIVER DR., #201	
CITY-ST-ZIP	STUART FL 34997	
TITLE NAME	TD HORBAL, PAUL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	361SW SOUTH RIVER DR., #101	
CITY-ST-ZIP	STUART FL 34997	
TITLE NAME	VD HORSCH, OWEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	361SW SOUTH RIVER DR., #206	
CITY-ST-ZIP	STUART FL 34997	
TITLE NAME	SD COCHON, PHIL	<input type="checkbox"/> Delete
STREET ADDRESS	911 SW SOUTH RIVER DR., #105	
CITY-ST-ZIP	STUART FL 34997	
TITLE NAME	PD HORAK, MARGERY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	421 SW SOUTH RIVER DR #103	
CITY-ST-ZIP	STUART FL 34997	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PD PAUL HORBAL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	540 SW SOUTH RIVER DR. #101	
CITY-ST-ZIP	STUART, FL 34997	
TITLE NAME	VD PAUL WELLING	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	611 SW SOUTH RIVER DR. #102	
CITY-ST-ZIP	STUART, FL 34997	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TD WILLIAM HINSLEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	331 SW SOUTH RIVER DR. #103	
CITY-ST-ZIP	STUART, FL 34997	

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: *William Hinsley* **3/22/04** (772) 283-9253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #