


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90039 047 ****61.25

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DOCUMENT # 759654			
1. Entity Name SOUTH RIVER PROPERTY OWNERS' ASSOCIATION, INC.		Mailing Address 30 SW SOUTH RIVER DR. STUART, FL 34997 US	
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORNETT, JANE L CORNETT, GOUGE & ASSOCIATES, PA 401 EAST OSCEOLA STREET STUART, FL 34994		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HORAK, MARGERY J 421 SW SOUTH RIVER DRIVE, #103 STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HORSCH, OWEN W 391 SW SOUTH RIVER DRIVE, # 206 STUART, FL 34997 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD, William E. Hinsley <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 331 SW SOUTH RIVER DR. #103 STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HORBAL, PAUL J 540 SW SOUTH RIVER DRIVE, #101 STUART, FL 34997 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARILYN FAILINGER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 241 SW SOUTH RIVER DR. #202 STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DEHAVEN, BERRIE H 741 SW SOUTH RIVER DRIVE, #205 STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OZOLS, GUNARS M 61 SW SOUTH RIVER DRIVE, #201 STUART, FL 34997 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAUL J. HORBAL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 540 SW SOUTH RIVER DR. #101 STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Berrie H. De Haven</u>		Date: <u>3/12/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	