

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 759655 (4)**  
1. Corporation Name  
**SOUTH RIVER VILLAGE ONE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**30 SW SOUTH RIVER DRIVE STUART FL 34997**

3. Date Incorporated or Qualified **08/18/1981** 3a. Date of Last Report **04/18/1995**  
4. FEI Number **59-2142504** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**CORNETT, JANE P.A.  
401 E. OSCEOLA STREET  
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

I, **Sandra B. Mortham**, Secretary of State, do hereby certify that the above-named corporation submits this statement for the purpose of changing its registered office or incorporation's board of directors. I hereby accept the appointment as registered agent. I am

1.1 TITLE **D**  Change  Addition  
1.2 NAME **DONELLI, N.**  
1.3 STREET ADDRESS **271 SW SOUTH RIVER DR. #207**  
1.4 CITY-ST-ZIP **STUART, FL 34997**  
2.1 TITLE **D**  Change  Addition  
2.2 NAME **SMIT, D.**  
2.3 STREET ADDRESS **241 SW SOUTH RIVER DR. #207**  
2.4 CITY-ST-ZIP **STUART, FL 34997**  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
Agent signature required when reinstating DATE  
LE PD  Change  Addition  
WE **COLEMAN, R.**  
REET ADDRESS **91 SW SOUTH RIVER DR. #201**  
Y-ST-ZIP **STUART FL 34997**  
JE VPD  Change  Addition  
WE **GESSLING, M.**  
REET ADDRESS **121 SW SOUTH RIVER DR. #106**  
Y-ST-ZIP **STUART FL 34997**  
JE SD  Change  Addition  
WE **MARTIN, LIZ**  
REET ADDRESS **151 SW SOUTH RIVER DR. #205**  
Y-ST-ZIP **STUART, FL 34997**  
JE TD  Change  Addition  
WE **VARLEY, W.**  
REET ADDRESS **211 SW SOUTH RIVER DR. #107**  
Y-ST-ZIP **STUART, FL 34997**  
JE D  Change  Addition  
WE **CHRISTENSEN, G**  
REET ADDRESS **91 SW SOUTH RIVER DR. #207**  
Y-ST-ZIP **STUART, FL 34997**  
JE D  Change  Addition  
WE **ZRNCIC, S.**  
REET ADDRESS **61 SW SOUTH RIVER DR. #207**  
Y-ST-ZIP **STUART, FL 34997**

TITLE  DELETE  
NAME **D PAPOUSEK, OPAL**  
STREET ADDRESS **151 SW SOUTH RIVER DR. #206**  
CITY-ST-ZIP **STUART FL**

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *William T. A. Varley* **4-26-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)