

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

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90020 006 ****61.25

DOCUMENT # 759655
 1. Entity Name
SOUTH RIVER VILLAGE ONE CONDOMINIUM ASSOCIATION, INC.



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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **59-2142504** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORNETT, JANE P.A.
401 E. OSCEOLA STREET
STUART FL 34994

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 STREET ADDRESS CITY-ST-ZIP	P SMITH, BONNA <input type="checkbox"/> Delete 181 SW SOUTH RIVER DR., #201 STUART FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THUNHORST, PATRICIA <input type="checkbox"/> Delete 181 SW SOUTH RIVER DR., #101 STUART FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEST, MARY JANE <input checked="" type="checkbox"/> Delete 121 SW SOUTH RIVER DR #203 STUART FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAJOR, CHARLES <input checked="" type="checkbox"/> Delete 91 SW SOUTH RIVER DR., #101 STUART FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALPATIC, MARLENE <input checked="" type="checkbox"/> Delete 181 SW SOUTH RIVER DR #207 STUART FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARNER, GERALD <input type="checkbox"/> Delete 31 SW SOUTH RIVER DR #206 STUART FL 34997

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD PAULINE WELCH 121 SW SOUTH RIVER DR. #105 STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD MARLENE VALPATIC 181 SW SOUTH RIVER DR. #207 STUART, FL 34997
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 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: *Bonnie Smith Bonna Smith* **3-23-04 (772)283-9253**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #