


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

03-20-2008 90033 028 \*\*\*\*61.25

|  |  |  |  |
|--|--|--|--|
| DOCUMENT # 759655  |  |                             |  |
| 1. Entity Name<br>SOUTH RIVER VILLAGE ONE CONDOMINIUM ASSOCIATION, INC.  |  |  |  |
| Principal Place of Business<br>30 SW SOUTH RIVER DRIVE<br>STUART, FL 34997   |  | Mailing Address<br>30 SW SOUTH RIVER DRIVE<br>STUART, FL 34997   |  |
| 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  |
| 4. FEI Number<br>59-2142504  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent  |  |
| CORNETT, GOUGE & ASSOCIATES, P.A.<br>401 E. OSCEOLA STREET<br>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 _____<br><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  | PD <input checked="" type="checkbox"/> Delete  | TITLE  | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME   | OZOLS, GUNARS M                                | NAME   | HANS J. GERHARDT   |
| STREET ADDRESS   | 61 SW SOUTH RIVER DRIVE, #201                  | STREET ADDRESS   | 241 SW SOUTH RIVER DR. # 203   |
| CITY-ST-ZIP  | STUART, FL 34997                               | CITY-ST-ZIP  | STUART, FL 34997   |
| TITLE  | VPD <input checked="" type="checkbox"/> Delete | TITLE  | VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | LIONE, ROSEMARY D                              | NAME   | MARILYN FAILINGER  |
| STREET ADDRESS   | 91 SW SOUTH RIVER DRIVE, #106                  | STREET ADDRESS   | 241 SW SOUTH RIVER DR. # 202   |
| CITY-ST-ZIP  | STUART, FL 34997                               | CITY-ST-ZIP  | STUART, FL 34997   |
| TITLE  | SD <input checked="" type="checkbox"/> Delete  | TITLE  | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME   | GRAU, FREDERICK W                              | NAME   | PAULINE WELCH  |
| STREET ADDRESS   | 241 SW SOUTH RIVER DRIVE, #207                 | STREET ADDRESS   | 151 SW SOUTH RIVER DR. # 105   |
| CITY-ST-ZIP  | STUART, FL 34997                               | CITY-ST-ZIP  | STUART, FL 34997   |
| TITLE  | TD <input checked="" type="checkbox"/> Delete  | TITLE  | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME   | PISACANO, MICHAEL P                            | NAME   | FRED GRAU  |
| STREET ADDRESS   | 121 SW SOUTH RIVER DR #103                     | STREET ADDRESS   | 241 SW SOUTH RIVER DR. # 207   |
| CITY-ST-ZIP  | STUART, FL 34997                               | CITY-ST-ZIP  | STUART, FL 34997   |
| TITLE  | <input type="checkbox"/> Delete                | TITLE  | JD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME   |  | NAME   | ROSEMARY LIONE   |
| STREET ADDRESS   |  | STREET ADDRESS   | 91 SW SOUTH RIVER DR. # 106  |
| CITY-ST-ZIP  |  | CITY-ST-ZIP  | STUART, FL 34997   |
| TITLE  | <input type="checkbox"/> Delete                | TITLE  | JD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME   |  | NAME   | MARLENE VALPATIC   |
| STREET ADDRESS   |  | STREET ADDRESS   | 241 SW SOUTH RIVER DR. # 107   |
| CITY-ST-ZIP  |  | CITY-ST-ZIP  | STUART, FL 34997   |
| 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: <i>H. J. Gerhardt</i>   |  | 03-11-08 286-2054  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Date Daytime Phone #   |  |

*H. J. Gerhardt, Pres.*