

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 # 765415 (5)
1. Corporation Name

SOUTH RIVER VILLAGE TWO CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: **10/14/1982**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2214170**
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 (21-24)
2a. Mailing Address (25-28)
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Suite, Apt. #, etc.
26. City & State
27. Zip
28. Country
29. Zip
30. Country

9. Name and Address of Current Registered Agent
WACKEEN & CORNETT
401 E. OSCEOLA ST.
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
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	DONELLI, DR. ALLAN	
STREET ADDRESS	271 SW SOUTH RIVER DRIVE #207	
CITY-ST-ZIP	STUART FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HORSCH, OWEN	
STREET ADDRESS	361 SW SOUTH RIVER DRIVE #206	
CITY-ST-ZIP	STUART FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHIPRITT, JUNE	
STREET ADDRESS	361 SW SOUTH RIVER DR #205	
CITY-ST-ZIP	STUART FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GOUVEIA, JOHN	
STREET ADDRESS	271 SW SOUTH RIVER DR #201	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAILLARGEON, NORB	
STREET ADDRESS	391 SW SOUTH RIVER DR #103	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAILLAGREON, NORBERT	
STREET ADDRESS	391 SW SOUTH RIVER DR., #103	
CITY-ST-ZIP	STUART FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHAPMAN, H.	
1.3 STREET ADDRESS	300 SW SOUTH RIVER DR #201	
1.4 CITY-ST-ZIP	STUART, FL 34997	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HUNTINGTON, B.	
2.3 STREET ADDRESS	330 SW SOUTH RIVER DR. #207	
2.4 CITY-ST-ZIP	STUART, FL 34997	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DONELLI, A.	
3.3 STREET ADDRESS	271 SW SOUTH RIVER DR. #207	
3.4 CITY-ST-ZIP	STUART, FL 34997	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GOUVEIA, J.	
4.3 STREET ADDRESS	271 SW SOUTH RIVER DR. #201	
4.4 CITY-ST-ZIP	STUART, FL 34997	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BAILLARGEON, N.	
5.3 STREET ADDRESS	391 SW SOUTH RIVER DR. #103	
5.4 CITY-ST-ZIP	STUART, FL 34997	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Herbert Chapman* (407) 288-6504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4-26-96 Daytime Phone #

CR2E037 (12/95)