


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 765415 (5)**  
1. Corporation Name  
**SOUTH RIVER VILLAGE TWO CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>30 SW SOUTH RIVER DR STUART FL 34997 US</b>	Mailing Address <b>30 SW SOUTH RIVER DRIVE STUART FL 34997-3215 US</b>
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<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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<b>3.</b> Date Incorporated or Qualified <b>10/14/1982</b>	<b>3a.</b> Date of Last Report <b>05/01/1996</b>
<b>4.</b> FEI Number <b>59-2214170</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**WACKEEN & CORNETT  
401 E. OSCELOA ST.  
STUART FL 34994**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> Zip Code

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHAPMAN, H.	
STREET ADDRESS	300 SW SOUTH RIVER DR. #21	
CITY-ST-ZIP	STUART FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HUNTINGTON, B.	
STREET ADDRESS	330 SW SOUTH RIVER DR. # 207	
CITY-ST-ZIP	STUART FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DONELLI, A.	
STREET ADDRESS	271 SW SOUTH RIVER DR. #207	
CITY-ST-ZIP	STUART FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GOUEIA, JOHN	
STREET ADDRESS	271 SW SOUTH RIVER DR #201	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BALLARGEON, NORB	
STREET ADDRESS	391 SW SOUTH RIVER DR #103	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BALLAGREON, 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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	OWEN HORSCH	
1.3 STREET ADDRESS	361 SW SOUTH RIVER DR #206	
1.4 CITY-ST-ZIP	STUART FL 34997	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAM HINSLEY	
2.3 STREET ADDRESS	331 SW SOUTH RIVER DR #103	
2.4 CITY-ST-ZIP	STUART FL 34997	
3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NORBERT BAILLARGEON	
3.3 STREET ADDRESS	391 SW SOUTH RIVER DR #103	
3.4 CITY-ST-ZIP	STUART FL 34997	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HERBERT CHAPMAN	
4.3 STREET ADDRESS	300 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	ROBERT HUNTINGTON	
5.3 STREET ADDRESS	330 SW SOUTH RIVER DR #207	
5.4 CITY-ST-ZIP	STUART FL 34997	
6.1 TITLE	ASST S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ALVENA CLARK	
6.3 STREET ADDRESS	330 SW SOUTH RIVER DR #101	
6.4 CITY-ST-ZIP	STUART FL 34997	

**14.** I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* DATE *April 27 1997*

CR2E037 (9/96)