

FILE NOW: FILING FEE IS \$61.25

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**Apr 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 30 SW SOUTH RIVER DR STUART FL 34997 US	Mailing Address 30 SW SOUTH RIVER DRIVE STUART FL 34997 US
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3. Date Incorporated or Qualified 10/14/1982	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-2214170		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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 **FL** 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	HORSCH, OWEN <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	WILLIAM HINSLEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS 361 SW SOUTH RIVER DR., #206		1.3 STREET ADDRESS 331 SW SOUTH RIVER DR #103	
CITY-ST-ZIP STUART FL		1.4 CITY-ST-ZIP STUART FL 34997	
TITLE VPD	HINSLEY, WILLIAM <input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD	NORBERT BAILLARGEON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS 331 SW SOUTH RIVER DR., #103		2.3 STREET ADDRESS 391 SW SOUTH RIVER DR #103	
CITY-ST-ZIP STUART FL		2.4 CITY-ST-ZIP STUART FL 34997	
TITLE S	BAILLARGEON, NORBERT <input checked="" type="checkbox"/> DELETE	3.1 TITLE S	JAMES E BROWN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS 391 SW SOUTH RIVER DR., #103		3.3 STREET ADDRESS 331 SW SOUTH RIVER DR #107	
CITY-ST-ZIP STUART FL		3.4 CITY-ST-ZIP STUART FL 34997	
TITLE TD	CHAPMAN, HERBERT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS 300 SW SOUTH RIVER DR., #201		4.3 STREET ADDRESS	
CITY-ST-ZIP STUART FL		4.4 CITY-ST-ZIP	
TITLE D	HUNTINGTON, ROBERT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS 330 SW SOUTH RIVER DR., #207		5.3 STREET ADDRESS	
CITY-ST-ZIP STUART FL		5.4 CITY-ST-ZIP	
TITLE AS	CLARK, ALVENA <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS 330 SW SOUTH RIVER DR., #101		6.3 STREET ADDRESS	
CITY-ST-ZIP STUART FL		6.4 CITY-ST-ZIP	

14. 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 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 Hinsley Date: 4/13/98

CR2E037 (10/97)