

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90031 032 ****61.25

DOCUMENT # 765415

1. Entity Name

SOUTH RIVER VILLAGE TWO-CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

**30 SW SOUTH RIVER DR
 STUART FL 34997
 US**

**30 SW SOUTH RIVER DRIVE
 STUART FL 34997
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2214170

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WACKEEN & CORNETT
 401 E. OSCELOA ST.
 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.

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**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HINSLEY, WILLIAM	
STREET ADDRESS	331 SW SOUTH RIVER DRIVE #103	
CITY-ST-ZIP	STUART FL 34997	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES BROWN	
STREET ADDRESS	331SW SOUTH RIVER DR. #107	
CITY-ST-ZIP	STUART, FL 34997	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, JAMES E.	
STREET ADDRESS	331 SW SOUTH RIVER DRIVE #107	
CITY-ST-ZIP	STUART FL 34997	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD SCHOLETZKY	
STREET ADDRESS	301 SW SOUTH RIVER DR. #202	
CITY-ST-ZIP	STUART, FL 34997	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CHAPMAN, HERBERT	
STREET ADDRESS	300 SW SOUTH RIVER DR., #201	
CITY-ST-ZIP	STUART FL	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OWEN HORSCH	
STREET ADDRESS	361 SW SOUTH RIVER DR. #206	
CITY-ST-ZIP	STUART, FL 34997	

TITLE	DS	<input type="checkbox"/> Delete
NAME	BLOOD, CECELIA	
STREET ADDRESS	361 SW SOUTH RIVER DR, #207	
CITY-ST-ZIP	STUART FL 34997	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN FLYNN	
STREET ADDRESS	361 SW SOUTH RIVER DR. #101	
CITY-ST-ZIP	STUART, FL 34997	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNETH PARKINGS	
STREET ADDRESS	300 SW SOUTH RIVER DR. #106	
CITY-ST-ZIP	STUART, FL 34997	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: OWEN HORSCH *Owen W Horsch* 4-10-01 (Su) 283-
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9253

CRE037 (10/00)