

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90283 010 ****61.25

DOCUMENT # 765415

1. Entity Name

SOUTH RIVER VILLAGE TWO CONDOMINIUM ASSOCIATION, INC.

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 **D** Delete
 NAME **PARKINGS, KENNETH**
 STREET ADDRESS **300 SW SOUTH RIVER DRIVE # 106**
 CITY-ST-ZIP **STUART FL 34997**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **BROWN, JAMES E.**
 STREET ADDRESS **331 SW SOUTH RIVER DRIVE # 107**
 CITY-ST-ZIP **STUART FL 34997**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FLYNN, JOHN**
 STREET ADDRESS **361 SW SOUTH RIVER DRIVE # 101**
 CITY-ST-ZIP **STUART FL 34997**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **BLOOD, CECELIA**
 STREET ADDRESS **361 SW SOUTH RIVER DR, #207**
 CITY-ST-ZIP **STUART FL 34997**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **SCHOLETZKY, RICHARD**
 STREET ADDRESS **301 SW SOUTH RIVER DRIVE # 202**
 CITY-ST-ZIP **STUART FL 34997**

TITLE **VD** Change Addition
 NAME **MARTHA MORGAN**
 STREET ADDRESS **300 SW SOUTH RIVER DR. #201**
 CITY-ST-ZIP **STUART, FL 34997**

TITLE **TD** Delete
 NAME **OWEN, HORSCH**
 STREET ADDRESS **361 SW SOUTH RIVER DRIVE # 206**
 CITY-ST-ZIP **STUART FL 34997**

TITLE **TD** Change Addition
 NAME **REBECCA QUINN**
 STREET ADDRESS **331 SW SOUTH RIVER DR. #201**
 CITY-ST-ZIP **STUART, FL 34997**

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:

(Signature) **SIGNATURE REQUIRED** *(James E. Brown)* **2/24/02** **283-9253**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)