

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Dec 06, 2005
Secretary of State**

DOCUMENT# 765415

Entity Name: SOUTH RIVER VILLAGE TWO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

30 SW SOUTH RIVER DR
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

30 SW SOUTH RIVER DRIVE
STUART, FL 34997 US

New Mailing Address:

FEI Number: 59-2214170 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNETT, GOOGE & ASSOCIATES, P.A.
401 E. OSCELOA STREET
STUART, FL 34994 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JODOIN, RICHARD H
Address: 391 SW SOUTH RIVER DR., #105
City-St-Zip: STUART, FL 34997

Title: VPD () Delete
Name: MUNZER, FRANK W
Address: 361 SW SOUTH RIVER DR., #103
City-St-Zip: STUART, FL 34997

Title: SD () Delete
Name: FROIDL, BRENDA
Address: 361 SW SOUTH RIVER DR, #106
City-St-Zip: STUART, FL 34997

Title: TD () Delete
Name: YODER, DOROTHY D
Address: 300 SW SOUTH RIVER DR., #103
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: JODOIN, RICHARD H
Address: 391 SW SOUTH RIVER DR., #105
City-St-Zip: STUART, FL 34997

Title: SD (X) Change () Addition
Name: BLOOD, CECELIA S
Address: 361 SW SOUTH RIVER DR., #207
City-St-Zip: STUART, FL 34997

Title: PD (X) Change () Addition
Name: FROIDL, BRENDA
Address: 361 SW SOUTH RIVER DR, #106
City-St-Zip: STUART, FL 34997

Title: TD (X) Change () Addition
Name: HORSCH, OWEN
Address: 361 SW SOUTH RIVER DR., #206
City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECELIA S. BLOOD

SD

12/06/2005

Electronic Signature of Signing Officer or Director

Date