

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Apr 02, 2006**  
**Secretary of State**

DOCUMENT# 765415

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

**Current Principal Place of Business:**

30 SW SOUTH RIVER DRIVE  
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. OSCEOLA 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: HORSCH, OWEN W  
Address: 391 SW SOUTH RIVER DRIVE #206  
City-St-Zip: STUART, FL 34997

Title: VPD ( ) Delete  
Name: PARKINS, KENNETH  
Address: 300 SW SOUTH RIVER DRIVE #106  
City-St-Zip: STUART, FL 34997

Title: STD ( ) Delete  
Name: BLOOD, CECELIA S  
Address: 361 SW SOUTH RIVER DRIVE #207  
City-St-Zip: STUART, FL 34997

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: RITTERS, HELMARS  
Address: 361 SW SOUTH RIVER DRIVE, #201  
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 Chapter 119, 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: OWEN W. HORSCH

PD

04/02/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date