

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765415

FILED
Feb 25, 2007
Secretary of State

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:

ROSS EARLE & BONAN, P.A.
759 S FEDERAL HIGHWAY
SUITE 212
STUART, FL 34994 US

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: DEBORAH L. ROSS

02/25/2007

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: D () Delete
Name: RITTERS, HELMARS
Address: 361 SW SOUTH RIVER DRIVE, #201
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: TD (X) Change () Addition
Name: RITTERS, HELMARS
Address: 361 SW SOUTH RIVER DRIVE, #201
City-St-Zip: STUART, FL 34997

Title: D () Change (X) Addition
Name: JONES, KEVEN W
Address: 330 SW SOUTH RIVER DRIVE, #205
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

02/25/2007

Electronic Signature of Signing Officer or Director

Date