2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #765415

1. Entity Name
SOUTH RIVER VILLAGE TWO CONDOMINIUM



FILED Mar 20, 2008 8:00 am Secretary of State 03-20-2008 90033 002 ****61.25

3-12-08

772-221-8127

ASSOCIA													
Principal Place of Business 30 SW SOUTH RIVER DRIVE STUART, FL 34997 US			Mailing Address 30 SW SOUTH RIVER DRIVE STUART, FL 34997 US							j 2124 2121 212)549 	kitiki di 1001	
Principal Place of Business - No P.O. Box # 3. M.				. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					03102008 C	hg-NP	CR2E03	37 (12/06)		
City & State			City & State					4. FEI Number 59-221417	70			oplied For	
Zip	Country)	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required			ditional				
6. Name and Address of Current Regis				ed Agent'`				7. Name and Address of New Registered Agent					
ROSS EARLE & BONAN, P.A. 759 S FEDERAL HIGHWAY SUITE 212 STUART, FL 34994						Street Add	fress (F	P.O. Box Number is	Not Acceptable	FL	Zip Cod	e	
	named entiti ions of regist	y submits this statement for ered agent.	the purp	ose of changing its	register	ed office or re	egistere	ed agent, or both, in	the State of Flo		familiar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if app	olicable. (NOTI	E: Registere	d Agent signsture	required	when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees			k payable t tment of S		
10.		OFFICERS AND DIR	ECTORS		11.			DDITIONS/CHANC	ES TO OFFICE	RS AND DI	RECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	391 SW S	, OWEN W OUTH RIVER DRIVE #: FL 34997	206	Delete			1000 T	Wan E. SW Sou	Hirosh	EX D	☑Change e.#	□ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PARKINS 300 SW S	, KENNETH OUTH RIVER DRIVE # FL 34997	106	☑ Deiete		د ا	VPI SOF	CELIAS	S. CY C Suffil E	200	Change	Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	361 SW S	, HELMARS OUTH RIVER DRIVE, # FL 34997	201	☐ Delete			日のいった	mars TSW S	Pitta Edn K L 34	25 Nove 267	□ Change	Addition Dec	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	1					: !	☐ Change	Addition	
indicated of the co	l on this repo rooration or t	e information supplied with rt or supplemental report is he receiver or trustee empo achment with an address, v	true and wered to	accurate and that I execute this report	ny signa as requ	iture shall bav	ve the s	same legal effect as	it made under	nain inai i	am an onice	COLUMECTOR	