2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765415

City-St-Zip:

STUART, FL 34997

FILED Apr 21, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 30 SW SOUTH RIVER DRIVE STUART, FL 34997 **Current Mailing Address: New Mailing Address:** 30 SW SOUTH RIVER DRIVE STUART, FL 34997 FEI Number: 59-2214170 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HINSLEY, WILLIAM E Name: Name: 331 SW SOUTH LIVER DR. #103 Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition BLOG, CECELIA S Name: MILLMAN, ERROL Name: Address: 361 SW SOUTH RIVER DR. #201 Address: 361 SW SOUTH RIVER DR. #203 City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 Title: STD () Delete Title: SD (X) Change () Addition QUINN, REBECCA QUINN, REBECCA Name: Name: 331 SW SOUTH RIVER DR. #201 331 SW SOUTH RIVER DR. #201 Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 Title: TD () Delete Title: () Change () Addition Name: RITTERS, HELMARS Name: 361 SW SOUTH RIVER DRIVE, #201 Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: () Delete Title: (X) Change () Addition RITTERS, HELMARS HORSCH, OWEN Name: Name: 361 SW SOUTH RIVER DRIVE 206 361 SW SOUTH RIVER DR. #201 Address: Address:

I hereby certify that the information supplied with this filing does not qualify 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.

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STUART, FL 34997

SIGNATURE: WILLIAM E. HINSLEY,SR PD 04/21/2009