

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90117 011 \*\*\*\*61.25

**DOCUMENT # 765415**

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

Principal Place of Business  
**30 SW SOUTH RIVER DR  
STUART FL 34997  
US**

Mailing Address  
**30 SW SOUTH RIVER DRIVE  
STUART FL 34997  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-2214170**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**WACKEEN & CORNETT  
401 E. OSCEOLA ST.  
STUART FL 34994**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
State: **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>PARKINGS, KENNETH</b> <input checked="" type="checkbox"/> Delete<br><b>300 SW SOUTH RIVER DRIVE # 106<br/>STUART FL 34997</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PD<br/>OWEN HORSCH</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>361 SW SOUTH RIVER DR. #206<br/>STUART, FL 34997</b>    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>BROWN, JAMES E.</b> <input checked="" type="checkbox"/> Delete<br><b>331 SW SOUTH RIVER DRIVE # 107<br/>STUART FL 34997</b>  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>TD<br/>WILLIAM HINSLEY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>331SW SOUTH RIVER DR. #103<br/>STUART, FL 34997</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DS<br/>BLOOD, CECELIA</b> <input type="checkbox"/> Delete<br><b>361 SW SOUTH RIVER DR, #207<br/>STUART FL 34997</b>                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>MORGAN, MARTHA</b> <input type="checkbox"/> Delete<br><b>300 SW SOUTH RIVER DR #201<br/>STUART FL 34997</b>                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>QUINN, REBECCA</b> <input checked="" type="checkbox"/> Delete<br><b>331 SW SOUTH RIVER DR #201<br/>STUART FL 34997</b>       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Martha A. Morgan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MARTHA A. MORGAN 2/26/03 (772) 283-9253**