

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03727 (7)

1. Corporation Name
SOUTH RIVER VILLAGE THREE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **30 SW SOUTH RIVER DR. STUART FL 34997 US**
Mailing Address: **30 SW SOUTH RIVER DR. STUART FL 34997 US**

3. Date Incorporated or Qualified: **06/18/1984**
3a. Date of Last Report: **05/01/1995**

| | | | | | | |
|----|--------------------------------|----|---------------------|----|--|---|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FEI Number | Applied For |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 | City & State | 28 | City & State | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 | Zip | 29 | Zip | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 25 | Country | 30 | Country | | | |

9. Name and Address of Current Registered Agent
**CORNETT, JANE
401 E OSCEOLA ST.
STUART FL 34994**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | DATE |
|---|-----------------------------|--|
| 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | CRICKETT, J. | |
| 1.3 STREET ADDRESS | 571 SW SOUTH RIVER DR. #202 | |
| 1.4 CITY-ST-ZIP | STUART, FL 34997 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |
| 7.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 7.2 NAME | STORMS, A. | |
| 7.3 STREET ADDRESS | 511 SW SOUTH RIVER DR. #101 | |
| 7.4 CITY-ST-ZIP | STUART FL 34997 | |
| 8.1 TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8.2 NAME | BURKE, J. | |
| 8.3 STREET ADDRESS | 541 SW SOUTH RIVER DR. #207 | |
| 8.4 CITY-ST-ZIP | STUART, FL 34997 | |
| 9.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9.2 NAME | NEUMANN, M. | |
| 9.3 STREET ADDRESS | 571 SW SOUTH RIVER DR. #201 | |
| 9.4 CITY-ST-ZIP | STUART, FL 34997 | |
| 10.1 TITLE | TD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10.2 NAME | HORAK, M. | |
| 10.3 STREET ADDRESS | 421 SW SOUTH RIVER DR. #103 | |
| 10.4 CITY-ST-ZIP | STUART, FL 34997 | |
| 11.1 TITLE | ASST. SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11.2 NAME | SCHOTT E. | |
| 11.3 STREET ADDRESS | 571 SW SOUTH RIVER DR. #203 | |
| 11.4 CITY-ST-ZIP | STUART, FL 34997 | |
| 12.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.2 NAME | WOOLLEY, C. | |
| 12.3 STREET ADDRESS | 541 SW SOUTH RIVER DR. #206 | |
| 12.4 CITY-ST-ZIP | STUART, FL 34997 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *A. Storms*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (12/95)