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Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N03727 (7)**

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



Principal Place of Business <b>30 SW SOUTH RIVER DR. STUART FL 34997 US</b>	Mailing Address <b>30 SW SOUTH RIVER DR. STUART FL 34997-3215 US</b>
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3. Date Incorporated or Qualified <b>06/18/1984</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-2427505</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D WOOLLEY, CLAIRE 541 SW SOUTH RIVER DR., #208 STUART FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD NEUMANN, MICHAEL 571 SW SOUTH RIVER DR., #201 STUART FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD BURKE, J 541 SW SOUTH RIVER DR., #207 STUART FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD HORAK, MARGERY 421 SW SOUTH RIER DR #103 STUART FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS SCHOTT, E 571 SW SOUTH RIVER DR., #203 STUART FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD STORMS, AL 511 SW SOUTH RIVER DR., #101 STUART FL</b> <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>PD MARGERY HORAK 421 SW SOUTH RIVER DR #103 STUART FL 34997</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>VP ALBERT STORMS 511 SW SOUTH RIVER DR #101 STUART FL 34997</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>S IRENE TWOMEY 511 SW SOUTH RIVER DR #102 STUART FL 34997</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<b>T CHARLES HANN 541 SW SOUTH RIVER DR #201 STUART FL 34997</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<b>DL JAMES BURKE 541 SW SOUTH RIVER DR # 207 STUART FL 34997</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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: *Margery Horak* **MARGERY HORAK** **APR 10, 1997**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072261

CP2E037 (9/96)