


FILE NOW: FILING FEE IS \$61.25

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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 30 SW SOUTH RIVER DR. STUART FL 34997 US	Mailing Address 30 SW SOUTH RIVER DR. STUART FL 34997 US
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

3. Date Incorporated or Qualified 06/18/1984	
4. FEI Number 59-2427505	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP STORMS, ALBERT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	511 SW SOUTH RIVER DR 101	1.2 NAME	
STREET ADDRESS	STUART FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S TWOMEY, IRENE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	511 SW SOUTH RIVER DR 102	2.2 NAME	
STREET ADDRESS	STUART FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D BURKE, JAMES	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	541 SW SOUTH RIVER DR., #207	3.2 NAME	
STREET ADDRESS	STUART FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD HORAK, MARGERY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	421 SW SOUTH RIVER DR #103	4.2 NAME	
STREET ADDRESS	STUART FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T HANN, CHARLES	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	541 SW SOUTH RIVER DR 201	5.2 NAME	
STREET ADDRESS	STUART FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	PD STORMS, AL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	511 SW SOUTH RIVER DR., #101	6.2 NAME	
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14. 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 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* APRIL 9, 1998 1-561-283-6028

CR2E037 (10/97)