

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90055 002 \*\*\*\*61.25

**DOCUMENT # N03727**

1. Entity Name

**SOUTH RIVER VILLAGE THREE CONDOMINIUM ASSOCIATIO**

Principal Place of Business

Mailing Address

**30 SW SOUTH RIVER DR.  
 STUART FL 34997  
 US**

**30 SW SOUTH RIVER DR.  
 STUART FL 34997-3215  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2427505**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORNETT, JANE  
 401 E OSCEOLA ST.  
 STUART FL 34994**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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.

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	STORMS, ALBERT	
STREET ADDRESS	511 SW SOUTH RIVER DR 101	
CITY-ST-ZIP	STUART FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TWOMEY, IRENE	
STREET ADDRESS	511 SW SOUTH RIVER DR 102	
CITY-ST-ZIP	STUART FL	
TITLE	ADS	<input checked="" type="checkbox"/> Delete
NAME	BURKE, JAMES	
STREET ADDRESS	541 SW SOUTH RIVER DR., #207	
CITY-ST-ZIP	STUART FL 34997	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HORAK, MARGERY	
STREET ADDRESS	421 SW SOUTH RIER DR #103	
CITY-ST-ZIP	STUART FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HANN, CHARLES	
STREET ADDRESS	541 SW SOUTH RIVER DR 201	
CITY-ST-ZIP	STUART FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STORMS, AL	
STREET ADDRESS	511 SW SOUTH RIVER DR., #101	
CITY-ST-ZIP	STUART FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRENEETWOMEY	
STREET ADDRESS	511 SW SOUTH RIVER DR. #102	
CITY-ST-ZIP	STUART, FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTROBINSKI, WALTER	
STREET ADDRESS	451 SW SOUTH RIVER DR. #205	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLING, PAUL	
STREET ADDRESS	611 SW SOUTH RIVER DR. #102	
CITY-ST-ZIP	STUART, FL 34997	

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Margery Horak*  
**Margery Horak**

4-5-00

Date

(561) 283-9253

Daytime Phone #

CR2E037 (9/99)