

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

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

**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	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORMS, ALBERT		NAME		
STREET ADDRESS	511 SW SOUTH RIVER DR 101		STREET ADDRESS		
CITY-ST-ZIP	STUART FL		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TWOMEY, IRENE		NAME	IRENEETWOMEY	
STREET ADDRESS	511 SW SOUTH RIVER DR 102		STREET ADDRESS	511 SW SOUTH RIVER DR. #102	
CITY-ST-ZIP	STUART FL		CITY-ST-ZIP	STUART, FL 34997	
TITLE	ADS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, JAMES		NAME		
STREET ADDRESS	541 SW SOUTH RIVER DR., #207		STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORAK, MARGERY		NAME		
STREET ADDRESS	421 SW SOUTH RIER DR #103		STREET ADDRESS		
CITY-ST-ZIP	STUART FL		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANN, CHARLES		NAME	OSTROBINSKI, WALTER	
STREET ADDRESS	541 SW SOUTH RIVER DR 201		STREET ADDRESS	451 SW SOUTH RIVER DR. #205	
CITY-ST-ZIP	STUART FL		CITY-ST-ZIP	STUART, FL 34997	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORMS, AL		NAME	WELLING, PAUL	
STREET ADDRESS	511 SW SOUTH RIVER DR., #101		STREET ADDRESS	611 SW SOUTH RIVER DR. #102	
CITY-ST-ZIP	STUART FL		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: Margery Horak DATE: 4-5-00 (56) 383-9253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE