2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State
03-20-2008 90033 029 ****61.25

DOCUMENT # N03727

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

Principal Place of Business	Mailing Address
30 SW SOUTH RIVER DRIVE STUART, FL 34997 US	30 SW SOUTH RIVER DRIVE STUART, FL 34997 US

03102008 Chg-NP CR2EC37 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2427505 ☐ Applied For ☐ Not Applicable

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
ROSS EARLE & BONAN, P.A. 759 S FEDERAL HIGHWAY 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOLF, JOHN R JR 421 SW SOUTH RIVER DRIVE, #207 STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD John Wolf 421 SW South River Dr. # 207 Stuart, FL 34997	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD RENZI, JAMES F 451 SW SOUTH RIVER DRIVE, #107 STUART, FL 34997	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Margery Horak 421 SW South River Dr. #103 Stuart, FL 34997	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HORAK, MARGERY J 421 SW SOUTH RIVER DRIVE, #103 STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Margery Horak 421 SW South River Dr. #103 Stuart, FL 34997	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, RONALD F SR 451 SW SOUTH RIVER DRIVE, #106 STUART, FL 34997	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Louis Orazio 451 SW South River Dr. #202 Stuart, FL 34997	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STORMS, ALBERTT J 511 SW SOUTH RIVER DRIVE, #101 STUART, FL 34997	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assist. Treasurer D Ronald F. Davis Sr. 451 SW South River Dr. #106 Stuart, FL 34997	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assist. Secretary D Albertt J. Storms 511 SW South River Dr. #101 Stuart, FL 34997	☑ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John R Wolf 3/13/08 (772) 310-7226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #