2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 02, 2008 8:00 am Secretary of State DOCUMENT # N04829 1. Entity Name 05-02-2008 90116 025 ****61.25 SOUTH RIVER COLONY PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address BOX 2911 **BOX 2911** STUART FL 34995-2911 STUART FL 34995-2911 Principal Place of Business - No P.O. Box #. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-2445067 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Çw . Name RYDZEWSKI, ROBERT G JR Street Address (P.O. Box Number is Not Acceptable) CORNETT, CODGE & ASSOCIATES P.A. 401 E. OSCEOLA ST. STUART FL 34994 6. 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 Signature, typed or primed name of registered agent and title if applicable. Signature, type-Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE THLE ☐ Delete Change Addition DEES, ROBERT NAME 445 SE CARDINAL TRL STREET ADDRESS STREET ADDRESS STUART FL 34997 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition HOPKINS, SUE NAME 8050 SE COLONY DR. STREET ADDRESS STREET ADDRESS STUART FL 34997 CITY-ST-7IP CITY-ST-ZIP DΤ TITLE Delete TITLE Addition BORECKI, JODY NAME NAME STREET ADDRESS 296 CARDINAL TRAIL STREET ADDRESS STUART FL 34997 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete TITLE Addition SAHLBERT, DEBBY NAME NAME Marjorie Krotzer 8030 SE COLONY DR. STREET ADDRESS STREET ADDRESS SE Cardinal Trail STUART FL 34997 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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:

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information