FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT A	# N22371
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(1)

SOUTH RIVER VILLAGE FOUR CONDOMINIUM ASSOCIATION , INC.

Principal Place of Business Mailing Address				a idamirer and trang tilbeg teter enter ereit freit filbit fifte bifft fift fift filbit			
30 SW SOUTH RIVER DR. STUART FL 34997		30 SW SOUTH RIVER DR. STUART FL 34997	30 SW SOUTH RIVER DR. STUART FL 34997				
					3. Date Incorporated or Qualified 09/04/1987	3a. Date of Last Report 05/01/1995	
21	2. Principal Place of Business 2a. Mailing Address 26				4. FEI Number Applied For 65-0056517 Not Applied For		
22	te, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23	y & State	City & State	State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	25	29			This corporation has liability for interest Florida Statutes		
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
CORNETT, JANE, L, ESQ WACKEEN & CORNETT			8				
401 E OSCEOLA ST STUART FL 34994		8					
			8	4 City		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 Registered Agent signature required when reinstating)

13. ADDIT DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO 1.1 TITLE DATE Change Addition CR2E037 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.2 NUME KAJOK, T. 135 REET ADDRESS 390 SW SOUTH RIVER DR. #106 Change ☐ Addition PDBURKE, E. 1.4 City - ST - ZiP STUART, FL 34997 · 570 SW SOUTH RIVER DR. #207 LADDRESS 2.1 TITLE Change Addition ST-ZIP STUART, FL 34997 2.2 NAME ZACCHINO, F. Change ☐ Addition 2.3 STREET ADDRESS 510 SW SOUTH RIVER DR. #106 VPD DIAL, H. 450 SW SOUTH RIVER #206 2 4 CITY-ST-ZIP STUART, FL 34997 **FADDRESS** 3.1 TITLE Change Addition ST-ZIP 3.2 NAME STUART, FL 34997 Tst Change Addition STD 3.3 STREET ADDRESS DUFTY, I. 3.4. CITY-ST-ZIP 390 SW SOUTH RIVER DR. #204 **ADDRESS** 4.1 TITLE Change Addition ST-ZIP STUART, FL 34997 4. 2 NAME Change Addition ASST.STD 4.3 STREET ADDRESS GRANGER, D. 4.4 CITY-ST-ZIP ADDRESS 570 SW SOUTH RIVER DR. #101 5.1 TITLE ☐ Change Addition IT-ZIP STUART, FL 34997 5.2 NAME Change Addition 5.3 STREET ADDRESS D 5.4 CITY-ST-ZIP DHUE, R. ADDRESS 6.1 TITLE 360 SW SOUTH RIVER DR. ■ Addition iT-ZIP 6.2 NAME STUART, FL 34997 & 3 STREET ADDRESS 6.4 CITY-ST-ZIP DHUE, NANCY ADDRESS 360 SW SOUTH RIVER DR. #207 CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

OFFICER OR DIRECTOR

Daytime Phone #