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May 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N22371 (1)**

1. Corporation Name  
**SOUTH RIVER VILLAGE FOUR CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>30 SW SOUTH RIVER DR. STUART FL 34997</b>	Mailing Address <b>30 SW SOUTH RIVER DR. STUART FL 34997-3215</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>09/04/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt. #, etc.	28. Suite, Apt. #, etc.	4. FEI Number <b>65-0056517</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>CORNETT, JANE, L, ESQ WACKEEN &amp; CORNETT 401 E OSCEOLA ST STUART FL 34994</b>		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b> 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>BURKE, E</b>	1.1 TITLE	PD <b>ED BURKE</b>
NAME	<b>570 SW SOUTH RIVER DR. #207</b>	1.2 NAME	<b>670 SW SOUTH RIVER DR #207</b>
STREET ADDRESS	<b>STUART FL</b>	1.3 STREET ADDRESS	<b>STUART FL 34997</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD <b>DIAL, H.</b>	2.1 TITLE	VP <b>RICHARD GRANGER</b>
NAME	<b>450 SW SOUTH RIVER #206</b>	2.2 NAME	<b>570 SW SOUTH RIVER DR #101</b>
STREET ADDRESS	<b>STUART FL</b>	2.3 STREET ADDRESS	<b>STUART FL 34997</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD <b>ZWIGARD, BERNADETTE</b>	3.1 TITLE	S <b>BERNADETTE ZWIGARD</b>
NAME	<b>420 SW SOUTH RIVER DR 106</b>	3.2 NAME	<b>420 SW SOUTH RIVER DR #106</b>
STREET ADDRESS	<b>STUART FL</b>	3.3 STREET ADDRESS	<b>STUART FL 34997</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T <b>DUFTY, IRENE</b>	4.1 TITLE	T <b>JOSEPH BRESLIN</b>
NAME	<b>390 SW SOUTHER RIVER DR</b>	4.2 NAME	<b>360 SW SOUTH RIVER DR # 206</b>
STREET ADDRESS	<b>STUART FL</b>	4.3 STREET ADDRESS	<b>STUART FL 34997</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D <b>CARIANO, ALICE</b>	5.1 TITLE	DL <b>HAROLD DIAL</b>
NAME	<b>540 SW SOUTH RIVER DR 106</b>	5.2 NAME	<b>450 SW SOUTH RIVER DR #206</b>
STREET ADDRESS	<b>STUART FL</b>	5.3 STREET ADDRESS	<b>STUART FL 34997</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SIGNATURE OF BERNADETTE ZWIGARD** Date: **4/11/97** 283-9253  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0072286

CR2E037 (9/96)