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NONPROFIT CORPORATION ANNUAL REPORT 1999



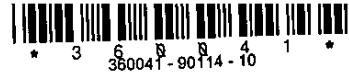
FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N22371

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

Principal Place of Business
 30 SW SOUTH RIVER DR.
 STUART FL 34997

Mailing Address
 30 SW SOUTH RIVER DR.
 STUART FL 34997



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/04/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0056517	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
CORNETT, JANE, L, ESQ WACKEEN & CORNETT 401 E OSCEOLA ST STUART FL 34994				81	Name			Jay Steven Levine, PA
				82	Street Address (P.O. Box Number is Not Acceptable)			2500 N. MILITARY TRAIL SUITE 275
				83				
				84	City		BOCA RATON	FL
				33431				

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: [Signature] DATE: 3/17/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BURKE, E	1.2 NAME	KWIATKOWSKI, RICHARD
STREET ADDRESS	570 SW SOUTH RIVER DR. #207	1.3 STREET ADDRESS	390 SW SOUTH RIVER DR. #206
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	STUART, FL. 34997
TITLE	VPD	2.1 TITLE	VD
NAME	GRANGER, RICHARD H	2.2 NAME	RAGNO, RICHARD
STREET ADDRESS	570 SW SOUTH RIVER DR #101	2.3 STREET ADDRESS	420 SW SOUTH RIVER DR. #203
CITY-ST-ZIP	STUART FL 34997	2.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	SD	3.1 TITLE	SD
NAME	ZWIGARD, BERNADETTE	3.2 NAME	DEVICH, STEPHEN
STREET ADDRESS	420 SW SOUTH RIVER DR 106	3.3 STREET ADDRESS	570 SW SOUTH RIVER DR. #106
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	D	4.1 TITLE	
NAME	DIAL, HAROLD	4.2 NAME	
STREET ADDRESS	450 SW SOUTH RIVER DRIVE #206	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	TD
NAME	BRESLIN, JOSEPH	5.2 NAME	ANDERSEN, ARTHUR
STREET ADDRESS	360 SW SOUTH RIVER DR #206	5.3 STREET ADDRESS	570 SW SOUTH RIVER DR. #201
CITY-ST-ZIP	STUART FL 34997	5.4 CITY-ST-ZIP	STUART, FL 34997
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/13/99

CR2E037 (1/98)