

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90013 021 ****61.25

DOCUMENT # N22371
1. Entity 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**

J4061J11



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: **65-0056517**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LEVINE, JAY STEVEN PA
2500 N MILITARY TRAIL, STE #275
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent
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)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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	
TITLE: ATD NAME: ACCIAIOLI, A A STREET ADDRESS: 480 SW SOUTH RIVER DR #107 CITY-ST-ZIP: STUART FL 34997	<input type="checkbox"/> Delete
TITLE: SD NAME: BLOIS, WILLIAM STREET ADDRESS: 540 SW SOUTH RIVER DR. #202 CITY-ST-ZIP: STUART FL 34997	<input checked="" type="checkbox"/> Delete
TITLE: PD NAME: HORBAL, PAUL STREET ADDRESS: 540 SW SOUTH RIVER DR. #101 CITY-ST-ZIP: STUART FL 34997	<input type="checkbox"/> Delete
TITLE: TD NAME: ANDERSON, ARTHUR STREET ADDRESS: 570 SW SOUTH RIVER DR, #201 CITY-ST-ZIP: STUART FL 34997	<input checked="" type="checkbox"/> Delete
TITLE: VD NAME: PORTER, GARY STREET ADDRESS: 540 SW SOUTH RIVER DR. #207 CITY-ST-ZIP: STUART FL 34997	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: WILLIAM BLOIS STREET ADDRESS: 540 SW SOUTH RIVER DR. #202 CITY-ST-ZIP: STUART, FL 34997	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: JOSEPH WOODS STREET ADDRESS: 570 SW SOUTH RIVER DR. #202 CITY-ST-ZIP: STUART, FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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: *Paul Horbal* / **PAUL HORBAL**

3/22/04
Date

Daytime Phone #