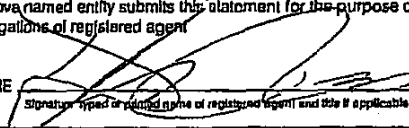
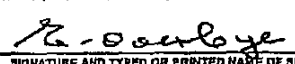


FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90150 028 ****61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N33208			
1. Entity Name SOUTH FORK ESTATES PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business 735 COLORADO AVE 3 STUART, FL 34994		Mailing Address 735 COLORADO AVE 3 SUITE 1 STUART, FL 34994	
2. Principal Place of Business - No P.O. Box # 543 NW LAKE Whitney Pk Suite, Apt #, etc #101		3. Mailing Address 543 NW LAKE Whitney Pk Suite, Apt #, etc #101	
City & State P. St. Lucie FL		City & State P. St. Lucie FL	
Zip 34986		Zip 34986	
Country USA		Country USA	
4. FEI Number 65-0272128		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04012008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent BRISTOL MGMT 735 COLORADO AVE STUART, FL 34994		7. Name and Address of New Registered Agent Name Deborah Ross Street Address (P.O. Box Number is Not Acceptable) 759 S Federal Hwy #212 City STUART FL Zip Code 34994	
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 4/17/08 (NOTE: Registered Agent Signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P	☐ Delete	
NAME	HEINIGER, SCOTT		
STREET ADDRESS	3585 SE ASHLEY OAKSWAY		
CITY-ST-ZIP	STUART, FL 34997		
TITLE	D	☐ Delete	
NAME	SHOLTES, CARL		
STREET ADDRESS	864 SE WATERSIDE WAY		
CITY-ST-ZIP	STUART, FL 34997		
TITLE	VP	☐ Delete	
NAME	BEEMAN, MARTHA		
STREET ADDRESS	863 SE WATERSIDE WAY		
CITY-ST-ZIP	STUART, FL 34997		
TITLE	D	☐ Delete	
NAME	BRADA, PETER		
STREET ADDRESS	SE WATERSIDE WAY		
CITY-ST-ZIP	STUART, FL 34997		
TITLE	S	☐ Delete	
NAME	SOUBASIS, MARY		
STREET ADDRESS	SE ASHLEY OAKS		
CITY-ST-ZIP	STUART, FL 34997		
TITLE	TR	☐ Delete	
NAME	OVERBYE, ERIKA		
STREET ADDRESS	534 SE ASHLEY OAKSWAY		
CITY-ST-ZIP	STUART, FL 34997		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DIRECTOR	☐ Change ☒ Addition	
NAME	VICKI OWEN		
STREET ADDRESS	767 SE WATERSIDE WAY		
CITY-ST-ZIP	STUART FL 34997		
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: Apr. 16, 2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	