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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	Mailing Address
735 COLORADO AVE 3 STUART, FL 34994	735 COLORADO AVE 3 SUITE 1 STUART, FL 34994

04012008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
543 NW Lake Whitney Pl.	543 NW Lake Whitney Pl.
Suite, Apt #, etc: #101	Suite, Apt #, etc: #101
City & State: P. St. Lucie FL	City & State: P. St. Lucie FL
Zip: 34986 Country: USA	Zip: 34986 Country: USA

4. FEI Number: 65-0272128 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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: _____ 4/17/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HEINIGER, SCOTT 3585 SE ASHLEY OAKSWAY STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Vicki Owen 767 SE Waterside Way Stuart FL 34997	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHOLTES, CARL 864 SE WATERSIDE WAY STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BEEMAN, MARTHA 863 SE WATERSIDE WAY STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRADA, PETER SE WATERSIDE WAY STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SOUBASIS, MARY SE ASHLEY OAKS STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR OVERBYE, ERIKA 534 SE ASHLEY OAKSWAY STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: E. Overbye Apr. 16, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #