

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 11 1997 8:00am  
Secretary of State



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**

DOCUMENT # **N49881** (8)  
1. Corporation Name

**SOUTH RIVER SHORES ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**208 S.W. PORT ST. LUCIE BLVD.**  
**PORT ST. LUCIE FL 34984**

3. Date Incorporated or Qualified **07/15/1992** 3a. Date of Last Report **06/12/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0295962</b>	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Zip		
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NAVARETTA, STEPHEN**  
**110 SW ST. LUCIE WEST BLVD.**  
**SUITE 203**  
**PORT ST. LUCIE FL 34986**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOEHNEN, HARVEY</b>	1.2 NAME	
STREET ADDRESS	<b>208 SW PORT ST LUCIE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ST LUCIE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NADALIN, ANGELO</b>	2.2 NAME	
STREET ADDRESS	<b>208 SW PORT ST LUCIE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ST LUCIE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUINN, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>208 SW PORT ST LUCIE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ST LUCIE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gazzola, Angelo</b>	4.2 NAME	
STREET ADDRESS	<b>208 SW Port St Lucie Blvd.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ST LUCIE, FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

CR2E037 (9/96)

*[Handwritten Signature]* 1 9 97 51-216 707