

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90186 044 \*\*\*\*61.25

**DOCUMENT # N49881**

1. Entity Name  
**SOUTH RIVER SHORES ASSOCIATION, INC.**

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

Mailing Address  
 208 S.W. PORT ST. LUCIE BLVD.  
 PORT ST. LUCIE FL 34984  
*2608 S.W. RIVER SHORE  
 PORT ST. LUCIE, FL. 34984*

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

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0295962** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**NAVARETTA, STEPHEN**  
**110 SW ST. LUCIE WEST BLVD.**  
**SUITE 203**  
**PORT ST. LUCIE FL 34986**

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.

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**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>NADALIN, ANGELO</b> <b>208 SW PORT ST LUCIE</b> <b>PORT ST LUCIE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KLOMM, FREDDIE</b> <b>2608 SW RIVER SHORES DR</b> <b>PT ST LUCIE FL 34984</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARBARELL, ROBERT</b> <b>2624 SW RIVERSHORES DR</b> <b>PT ST LUCIE FL 34984</b>	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *Freddie Klomm*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **02/05/2001** Daytime Phone #

CR2E037 (10/00)