N49881

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	- - -
SUBJECT: SOUTH RIVER SHORES ASSOCIATION, INC.	
	tion)
DOCUMENT NUMBER: N49881	and the second s
The enclosed Statement of Change of Registered Office/Ap	gent and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Helena McCormick, President	
(Name of person)	
South River Shores Association, Inc.	_
(Name of firm/company)	
P. O. Box 7454	-
(Address)	
Port St. Lucie, FL 34985-7454	
(City/state and zip code)	<u> </u>
For further information concerning this matter, please call:	- -
Helena McCormick at (772	871-1600
(Name of person) (Area coo) 871-1600 de & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department	nt of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 3239	-

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to th	e provisions of sections 607.0502, 617	7.0502, 607.1508, or 617.1508, F	Tlorida Statutes,
this statement of Florida	of change is submitted for a corporation in order to change its registere	n organized under the laws of the leed office or registered agent, or b	•
of Florida.		=:	Ž. 0
	e name of the corporation: SOUTH RIVER SHORES ASSOCIATION, INC.		
2. The principa	The principal office address: 2608 SW River Shore Drive, Port St Lucie, FL 34984		
			.SS:
3. The mailing	address (if different): P.O. Box 7454, F	Port St. Lucie, FL 34985-7454	E P
	· · · · ·		08A 3
4. Date of inco	rporation/qualification: July 15, 1992	Document number: N4	988\BIT N
	nd street address of the current registere artment of State:	d agent and registered office on fil	e with the
·	Stephen Navaretta, Esq.	=	
	110 SW St. Lucie West Blvd., Suite 20	=	
	Port St. Lucie, FL 34986	= = = =	
6. The name a changed):	and street address of the new registere	ed agent (if changed) and /or regi	stered office (if
	Robert A. Burson, Attorney at Law		_
	310 West First Street	<u>-</u>	•
	(P.O. Box or personal mailb	ox NOT acceptable)	~
	Stuart, FL 34995 34994	<u>-</u> .	• .
The street add agent, as change	ress of its registered office and the stre ged will be identical.	et address of the business office of	of its registered
Such change wanthorized by	vas authorized by resolution duly adopt the board, or the corporation has been	ted by its board of directors or by notified in writing of the change.	an officer so
•	the Connection of the board)	Heleva Mc Comick (Privated or typed name and title)	, hes
I further agree	of the appointment as registered agent is to comply with the provisions of all staff my duties, and I am familiar with and it. Or, if this document is being filed in I hereby confirm that the corporation	tatutes relative to the proper and d accept the obligation of my pos	ition as
	but a Nun	Syst. 13, 2002	
	Signature of Registered Agent)	(Date)	
If signing on beha	air or an entity:		
	(Typed or Printed Name)	(Capacity)	·

* * * FILING FEE: \$35.00 * * *