


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N49881 1. Entity Name SOUTH RIVER SHORES ASSOCIATION, INC.	
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Principal Place of Business 2642 SW RIVER SHORE DR. PORT ST. LUCIE, FL 34984	Mailing Address PO BOX 7454 PORT ST. LUCIE, FL 34985
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01152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0295962	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BURSON, ROBERT 310 W FIRST STREET SUITE 203 PORT ST. LUCIE, FL 34986
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCORMICK, HELENA 2596 SW RIVER SHORE DR PORT SAINT LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GEORGE, KENNETH 2620 SW RIVER SHORE DR PORT SAINT LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUBY, RICHARD 2642 SW RIVER SHORE DR. PORT SAINT LUCIE, FL 34984
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1000001245029
02/28/05-80008-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Helena McCormick* Helena McCormick *02/26/05* 772-871-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Treasurer