

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49881

FILED
Mar 11, 2008
Secretary of State

Entity Name: SOUTH RIVER SHORES ASSOCIATION, INC.

Current Principal Place of Business:

2642 SW RIVER SHORE DR.
PORT ST. LUCIE, FL 34984

New Principal Place of Business:

2624 SW RIVER SHORE DR.
PORT ST. LUCIE, FL 34984

Current Mailing Address:

PO BOX 7454
PORT ST. LUCIE, FL 34985

New Mailing Address:

FEI Number: 65-0295962 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURSON, ROBERT
900 E OCEAN BLVD
C-120
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KLEIN, SUSAN
Address: 2654 SW RIVER SHORE DR
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: VSD () Delete
Name: GEORGE, KENNETH
Address: 2620 SW RIVER SHORE DR
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D () Delete
Name: MCDERMOTT, MARGARET
Address: 2634 SW RIVER SHORE DR
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: T (X) Delete
Name: KIMMINS, DAYNA L
Address: 2632 SW RIVER SHORE DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BARBARELLO, ROBERT
Address: 2624 SW RIVER SHORE DR
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: VSD (X) Change () Addition
Name: NADALIN, MARGERY
Address: 2656 SW RIVER SHORE DR
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: T (X) Change () Addition
Name: DOWNING, GALE
Address: 2648 SW RIVER SHORE DR
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARELLO ROBERT

PRES

03/11/2008

Electronic Signature of Signing Officer or Director

_____ Date