

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90126 018 \*\*\*\*61.25

DOCUMENT # **N49881**

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



Principal Place of Business  
**2604 SW RIVER SHORE DRIVE  
PORT ST. LUCIE FL 34984**

Mailing Address  
**PO BOX 7454  
PORT ST. LUCIE FL 34985**

**11011533**



2. Principal Place of Business  
**2620 SW RIVER SHORE DR**

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Port St Lucie, FL**

City & State

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

Zip **34984** Country **U.S.A.** Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **BURSON, ROBERT**

Street Address (R.O. Box Number is Not Acceptable)  
**310 W FIRST STREET**

City **STUART** FL Zip Code **34995**

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 *Robert A. Burson* **ROBERT A. BURSON** **March 28, 2003**

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

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to  
Florida 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 NADALIN, ANGELO 208 SW PORT ST LUCIE PORT ST LUCIE FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD McCormick, HELENA 2596 SW RIVER SHORE DR PORT ST. LUCIE, FL 34984</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KLOMM, FREDDIE 2608 SW RIVER SHORES DR PT ST LUCIE FL 34984</b> <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	<b>D BARBARELL, ROBERT 2624 SW RIVERSHORES DR PT ST LUCIE FL 34984</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. KENNETH GEORGE 2620 SW RIVER SHORE DR PORT ST. LUCIE, FL 34984</b> <input checked="" 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* **FREDDIE KLOMM** **3/31/03**

CR2E037 (10/02)