2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N12492

Entity Name: SOUTH RIVER VILLAGE FIVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

30 SW SOUTH RIVER DR
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

30 SW SOUTH RIVER DR
STUART, FL 34997 US

New Mailing Address:

FEI Number: 59-2685780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FORT LAUDERDALE, FL 33312 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: DEHAVEN, BERRIE H
Address: 741 SW SOUTH RIVER DRIVE, #205
City-St-Zip: STUART, FL 34997

Title: VPD ( ) Delete
Name: MULHOLLAND, JOHN
Address: 871 SW S RIVER DR 206
City-St-Zip: STUART, FL 34997

Title: SD ( ) Delete
Name: GEBRIAN, NINA S
Address: 811 SW S RIVER DR 207
City-St-Zip: STUART, FL 34997

Title: TD ( ) Delete
Name: ANDERSON, GARY
Address: 811 SW S RIVER DR 205
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete
Name: GALASSI, SAMUEL R
Address: 841 SW S RIVER DR 105
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: ANDERSON, GARY
Address: 811 SW S RIVER DR 205
City-St-Zip: STUART, FL 34997

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

Title: TD (X) Change ( ) Addition
Name: MULHOLLAND, JACK
Address: 871 SW S RIVER DR 206
City-St-Zip: STUART, FL 34997

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: NINA GEBRIAN SD 04/21/2009

Electronic Signature of Signing Officer or Director — Date