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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12492 (7)

1. Corporation Name

SOUTH RIVER VILLAGE FIVE CONDOMINIUM ASSOCIATION , INC.

Principal Place of Business	Mailing Address
30 SW SOUTH RIVER DR STUART FL 34997 US	30 SW SOUTH RIVER DR STUART FL 34997-3215 US

3. Date Incorporated or Qualified: **12/11/1985**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: **59-2685780** ☐ Applied For ☒ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WACKEEN & CORNETT
401 E. OSCELOA ST.
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	HOUSER, ARLENE		1.2 NAME	BERRIE DEHAVEN	
STREET ADDRESS	771 SW SOUTH RIVER DR		1.3 STREET ADDRESS	741 SW SOUTH RIVER DR # 205	
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP	STUART FL 34997	
TITLE	D	☐ DELETE	2.1 TITLE	VPD	☐ Change ☐ Addition
NAME	TYNDALL, S.		2.2 NAME	STERLING TYNDELL	
STREET ADDRESS	841 SW S. RIVER DRIVE #206		2.3 STREET ADDRESS	841 SW SOUTH RIVER DR #206	
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP	STUART FL 34997	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	COUCHON, PHIL		3.2 NAME	JOHN MCCOMB	
STREET ADDRESS	911 SW S. RIVER DRIVE #105		3.3 STREET ADDRESS	911 SW SOUTH RIVER DR # 106	
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP	STUART FL 34997	
TITLE	PD	☐ DELETE	4.1 TITLE	TD	☐ Change ☐ Addition
NAME	DE HAVEN, BERRIE		4.2 NAME	ARLENE HOUSER	
STREET ADDRESS	741 S.W. SO. RIVER DR.		4.3 STREET ADDRESS	871 SW SOUTH RIVER DR #106	
CITY-ST-ZIP	STUART FL		4.4 CITY-ST-ZIP	STUART FL 34997	
TITLE	VPD	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	MCCOMB, J		5.2 NAME	FRANK DOERR	
STREET ADDRESS	911 SW S. RIVER DRIVE #106		5.3 STREET ADDRESS	811 SW SOUTH RIVER DR # 102	
CITY-ST-ZIP	STUART FL		5.4 CITY-ST-ZIP	STUART FL 34997	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE B. [illegible] DeHaven 4/4/97