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Secretary of State

04-20-1999 90114 009 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12492

1. Corporation Name

SOUTH RIVER VILLAGE FIVE CONDOMINIUM ASSOCIATION INC.

Principal Place of Business

30 SW SOUTH RIVER DR
 STUART FL 34997
 US

Mailing Address

30 SW SOUTH RIVER DR
 STUART FL 34997
 US

360040-90114-9



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	12/11/1985
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	NOT APPLICABLE
24 Country	29 Country	Applied For
	30	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing		\$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BECKER & POLIAKOFF, PA 500 AUSTRALIAN AVE S 9TH FLOOR WEST PALM BEACH FL 33470	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSER, ARLENE	1.2 NAME	EILERTSON, BOB
STREET ADDRESS	871 SW SOUTH RIVER DR, 106	1.3 STREET ADDRESS	871 SW SOUTH RIVER DR. #102
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOERR, FRANK	2.2 NAME	MCCOMB, JOHN
STREET ADDRESS	811 SW S RIVER DR, #102	2.3 STREET ADDRESS	911 SW SOUTH RIVER DR. #106
CITY-ST-ZIP	STUART FL 34997	2.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOMB, JOHN	3.2 NAME	WOODS, MARGARET
STREET ADDRESS	911 SW S RIVER DR, #106	3.3 STREET ADDRESS	671 SW SOUTH RIVER DR. #205
CITY-ST-ZIP	STUART FL 34997	3.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE HAVEN, BERRIE	4.2 NAME	
STREET ADDRESS	741 S.W. SO. RIVER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	ASD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEIL, JOSEPH R	5.2 NAME	O'NEIL, JOSEPH
STREET ADDRESS	711 SW S RIVER DR, #105	5.3 STREET ADDRESS	711 SW SOUTH RIVER DR. #105
CITY-ST-ZIP	STUART FL 34997	5.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

4/10/99

Date

Daytime Phone #

CR2E037-(1/98)