

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91076 042 ****61.25

DOCUMENT # N12492

1. Entity 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
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKER & POLIAKOFF, PA
500 AUSTRALIAN AVE S
9TH FLOOR
WEST PALM BEACH FL 33470**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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	VD	<input checked="" type="checkbox"/> Delete
NAME	RIGBY, JAMES	
STREET ADDRESS	841 SW SOUTH RIVER DR # 107	
CITY-ST-ZIP	STUART FL 34997	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCCOMB, JOHN	
STREET ADDRESS	911 SW S RIVER DR, #106	
CITY-ST-ZIP	STUART FL 34997	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DE HAVEN, BERRIE	
STREET ADDRESS	741 S.W. SO. RIVER DR.	
CITY-ST-ZIP	STUART FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GALASSI, SAMUEL	
STREET ADDRESS	841 SW SOUTH RIVER DR # 105	
CITY-ST-ZIP	STUART FL 34997	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, ROBERT	
STREET ADDRESS	871 SW SOUTH RIVER DR # 103	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHIL COUCHON	
STREET ADDRESS	911 SW SOUTH RIVER DR. #105	
CITY-ST-ZIP	STUART, FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRIE DEHAVEN	
STREET ADDRESS	741 SW SOUTH RIVER DR. #205	
CITY-ST-ZIP	STUART, FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN BEWICK	
STREET ADDRESS	911 SW SOUTH RIVER DR. #102	
CITY-ST-ZIP	STUART, FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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: SIGNATURE REQUIRED

3/11/03

(772) 283-9253