

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760883

**Entity Name:** 415 NORTH RIVER DRIVE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 22, 2016**  
**Secretary of State**  
**CC7292450283**

**Current Principal Place of Business:**

415 NW NORTH RIVER DRIVE  
STUART, FL 34994

**Current Mailing Address:**

PO BOX 1577  
STUART, FL 34995

**FEI Number: 65-0159078**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FARRELL, CHRISTOPHER  
415 NW NORTH RIVER DRIVE  
#401  
STUART, FL 34994 US

*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

**Officer/Director Detail :**

Title SD  
Name BLOUGH, JERRY A  
Address 415 NW NORTH RIVER DR, # 302  
City-State-Zip: STUART FL 34994

Title PD  
Name FARRELL, CHRISTOPHER  
Address 415 NW NORTH RIVER DR, # 401  
City-State-Zip: STUART FL 34994

Title TD  
Name POPSON, PAUL  
Address 415 NW NORTH RIVER DR #201  
City-State-Zip: STUART FL 34994

*I hereby 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 all other like empowered.*

**SIGNATURE: JERRY A BLOUGH**

**DIRECTOR-SECRETARY 01/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date