## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12492

Entity Name: SOUTH RIVER VILLAGE FIVE CONDOMINIUM ASSOCIATION,

INC.

FILED
Apr 17, 2015
Secretary of State
CC9707535691

## **Current Principal Place of Business:**

30 SW SOUTH RIVER DR STUART, FL 34997

## **Current Mailing Address:**

30 SW SOUTH RIVER DR STUART, FL 34997 US

FEI Number: 59-2685780 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A. 1 EAST BROWARD BLVD., SUITE 1800 FT. LAUDERDALE, FL 33301 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 P/D Title VP

NameSPUHLER, BOBNameMAGLIOZZI, ORESTEAddress811 SW SOUTH RIVER DRIVE, # 202Address671 SW S RIVER DR #201

City-State-Zip: STUART FL 34997 City-State-Zip: STUART FL 34997

Title S/D Title DIRECTOR

Name BILLS, SUSAN Name KOVERMAN, MIKE

Address 641 SW S RIVER DR # 105 Address 841 SW SOUTH RIVER DRIVE # 101

City-State-Zip: STUART FL 34997 City-State-Zip: STUART FL 34997

Title TREASURER
Name TOTH, LOU

Address 771 SW S RIVER DR #107

City-State-Zip: STUART FL 34997

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: BOB SPUHLER

Electronic Signature of Signing Officer/Director Detail

PRESIDENT 04/17/2015

Date