DOCUMENT# N12492
Entity Name: SOUTH RIVER VILLAGE FIVE CONDOMINIUM ASSOCIATION, INC.
Current Principal Place of Business:

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

30 SW SOUTH RIVER DR STUART, FL 34997

# **Current Mailing Address:**

30 SW SOUTH RIVER DR STUART, FL 34997 US

## FEI Number: 59-2685780

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

BECKER & POLIAKOFF, P.A. 1 EAST BROWARD BLVD., SUITE 1800 FT. LAUDERDALE, FL 33301 US Certificate of Status Desired: No

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

## **Officer/Director Detail :**

Officer, Direc			
Title	VP	Title	S/D
Name	MAGLIOZZI, ORESTE	Name	BILLS, SUSAN
Address	671 SW S RIVER DR #201	Address	641 SW S RIVER DR # 105
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34997
Title	DIRECTOR, ASST. SECRETARY	Title	PRESIDENT
Name	KOVERMAN, MIKE	Name	TOTH, LOU
Address	841 SW SOUTH RIVER DRIVE # 101	Address	771 SW S RIVER DR #107
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34997
Title	TREASURER		
Name	BAKER, INGRID		
Address	711 SW SOUTH RIVER DR. #203		
City-State-Zip:	STUART FL 34997		
	Title Name Address City-State-Zip: Title Name Address City-State-Zip: Title Name Address	TitleVPNameMAGLIOZZI, ORESTEAddress671 SW S RIVER DR #201City-State-Zip:STUART FL 34997TitleDIRECTOR, ASST. SECRETARYNameKOVERMAN, MIKEAddress841 SW SOUTH RIVER DRIVE # 101City-State-Zip:STUART FL 34997TitleTREASURERNameBAKER, INGRIDAddress711 SW SOUTH RIVER DR. #203	NameMAGLIOZZI, ORESTENameAddress671 SW S RIVER DR #201AddressCity-State-Zip:STUART FL 34997City-State-Zip:TitleDIRECTOR, ASST. SECRETARYTitleNameKOVERMAN, MIKENameAddress841 SW SOUTH RIVER DRIVE # 101AddressCity-State-Zip:STUART FL 34997City-State-Zip:TitleREASURERCity-State-Zip:TitleREASURERSTUART FL 34997AddressBAKER, INGRIDState-Zip:AddressS11 SW SOUTH RIVER DR. #203State-Zip:

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: LOU TOT	Η
--------------------	---

PRESIDENT

03/29/2016

Date

Electronic Signature of Signing Officer/Director Detail

Date