

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12492

Entity Name: SOUTH RIVER VILLAGE FIVE CONDOMINIUM ASSOCIATION, INC.**FILED**
Mar 19, 2018
Secretary of State
CC7261242444**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	PRESIDENT
Name	MAGLIOZZI, ORESTE
Address	671 SW S RIVER DR #201
City-State-Zip:	STUART FL 34997

Title	S/D
Name	BILLS, SUSAN
Address	641 SW S RIVER DR # 105
City-State-Zip:	STUART FL 34997

Title	DIRECTOR, ASST. SECRETARY
Name	KOVERMAN, MIKE
Address	841 SW SOUTH RIVER DRIVE # 101
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	VP
Name	GARBER, RAY
Address	811 SW SOUTH RIVER DR 102
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: ORESTE MAGLIOZZI**PRESIDENT****03/19/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date