

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12492

**Entity Name:** SOUTH RIVER VILLAGE FIVE CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Mar 18, 2019**  
**Secretary of State**  
**4381459045CC****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	Title	DIRECTOR, ASST. SECRETARY
Name	MAGLIOZZI, ORESTE	Name	KOVERMAN, MIKE
Address	671 SW S RIVER DR #201	Address	841 SW SOUTH RIVER DRIVE # 101
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34997
Title	TREASURER	Title	VP
Name	BAKER, INGRID	Name	GARBER, RAY
Address	711 SW SOUTH RIVER DR. #203	Address	811 SW SOUTH RIVER DR 102
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34997
Title	SECRETARY		
Name	DENNERLL, ROGER		
Address	711 SW SOUTH RIVER DRIVE 206		
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****03/18/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date