

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12492

**Entity Name:** SOUTH RIVER VILLAGE FIVE CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Mar 17, 2020**  
**Secretary of State**  
**9109745656CC****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	30 SW SOUTH RIVER DRIVE
City-State-Zip:	STUART FL 34997

Title	DIRECTOR, ASST. SECRETARY
Name	KOVERMAN, MIKE
Address	30 SW SOUTH RIVER DRIVE
City-State-Zip:	STUART FL 34997

Title	TREASURER
Name	GARBER, RAY
Address	30 SW SOUTH RIVER DRIVE
City-State-Zip:	STUART FL 34997

Title	VP
Name	SPUHLER, ROBERT
Address	30 SW SOUTH RIVER DRIVE
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****03/17/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date