

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12492 (7)
1. Corporation Name
SOUTH RIVER VILLAGE FIVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**30 SW SOUTH RIVER DR
STUART FL 34997
US**

Mailing Address
**30 SW SOUTH RIVER DR
STUART FL 34997
US**

3. Date Incorporated or Qualified
12/11/1985

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2685780

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**WACKEEN & CORNETT
401 E. OSCEOLA ST.
STUART FL 34994**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	HOUSER, ARLENE	
STREET ADDRESS	771 SW SOUTH RIVER DR	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETERSON, RICHARD	
STREET ADDRESS	711 SW SOUTH RIVER DRIVE, #106	
CITY-ST-ZIP	STUART FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COUCHON, PHIL	
STREET ADDRESS	911 SW SOUTH RIVER DR	
CITY-ST-ZIP	STUART FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DE HAVEN, BERRIE	
STREET ADDRESS	741 S.W. SO. RIVER DR.	
CITY-ST-ZIP	STUART FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DOERR, FRANK	
STREET ADDRESS	811 SW S RIVER DR #102	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HOUSER, ARLENE	
1.3 STREET ADDRESS	771 SW SOUTH RIVER DR. #206	
1.4 CITY-ST-ZIP	STUART, FL 34997	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TYNDALL, S.	
2.3 STREET ADDRESS	841 SW SOUTH RIVER DR. #206	
2.4 CITY-ST-ZIP	STUART, FL 34997	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	COUCHON, PHIL	
3.3 STREET ADDRESS	911 SW SOUTH RIVER DR. ##105	
3.4 CITY-ST-ZIP	STUART, FL 34997	
4.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DE HAVEN, BERRIE	
4.3 STREET ADDRESS	741 SW SOUTH RIVER DR. #205	
4.4 CITY-ST-ZIP	STUART, FL 34997	
5.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MC COMB, J.	
5.3 STREET ADDRESS	911 SW SOUTH RIVER DR. #106	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Berrie H. De Haven
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/96
Date

Daytime Phone #

CR2E037 (12/95)