

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
30 SW SOUTH RIVER DR 30 SW SOUTH RIVER DR  
STUART FL 34997 STUART FL 34997-3215  
US US

3. Date Incorporated or Qualified 12/11/1985 3a. Date of Last Report 05/01/1996  
4. FEI Number 59-2685780 Applied For ☒ Not Applicable  
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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Country  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TD	HOUSER, ARLENE	771 SW SOUTH RIVER DR	STUART FL	<input type="checkbox"/>
D	TYNDALL, S	841 SW S. RIVER DRIVE #206	STUART FL	<input type="checkbox"/>
SD	COUCHON, PHIL	911 SW S. RIVER DRIVE #105	STUART FL	<input type="checkbox"/>
PD	DE HAVEN, BERRIE	741 S.W. SQ. RIVER DR.	STUART FL	<input type="checkbox"/>
VPD	MCCOMB, J	911 SW S. RIVER DRIVE #106	STUART FL	<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	BERRIE DEHAVEN	741 SW SOUTH RIVER DR # 205	STUART FL 34997	<input type="checkbox"/>	<input type="checkbox"/>
VPD	STERLING TYNDELL	841 SW SOUTH RIVER DR #206	STUART FL 34997	<input type="checkbox"/>	<input type="checkbox"/>
SD	JOHN MCCOMB	911 SW SOUTH RIVER DR # 106	STUART FL 34997	<input type="checkbox"/>	<input type="checkbox"/>
TD	ARLENE HOUSER	871 SW SOUTH RIVER DR #106	STUART FL 34997	<input type="checkbox"/>	<input type="checkbox"/>
D	FRANK DOERR	811 SW SOUTH RIVER DR # 102	STUART FL 34997	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)