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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 12/11/1985	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

9. Name and Address of Current Registered Agent WACKEN & CORNETT 401 E. OSCEOLA ST. STUART FL 34994	10. Name and Address of New Registered Agent BECKER & POLIAKOFF, P.A. EMERALD LAKE CORP PARK 3111 STIRLING RD FT. LAUDERDALE FL 33312-6525
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81 Name BECKER & POLIAKOFF, P.A.
82 Street Address (P.O. Box Number is Not Acceptable) 500 Australian Avenue South
83 9th Floor
84 City West Palm Beach
85 Zip Code FL 33470

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: *Kenneth S. Director* DATE: **5/1/98**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	TD HOUSER, ARLENE	<input type="checkbox"/> DELETE
NAME	871 SW SOUTH RIVER DR, 106	
STREET ADDRESS	STUART FL	
CITY-ST-ZIP		
TITLE	VPD TYNDALL, S.	<input checked="" type="checkbox"/> DELETE
NAME	841 SW S. RIVER DRIVE #206	
STREET ADDRESS	STUART FL	
CITY-ST-ZIP		
TITLE	SD COUCHON, PHIL	<input checked="" type="checkbox"/> DELETE
NAME	911 SW S. RIVER DRIVE #105	
STREET ADDRESS	STUART FL	
CITY-ST-ZIP		
TITLE	PD DE HAVEN, BERRIE	<input type="checkbox"/> DELETE
NAME	741 S.W. SO. RIVER DR.	
STREET ADDRESS	STUART FL	
CITY-ST-ZIP		
TITLE	SD MCCOMB, J	<input checked="" type="checkbox"/> DELETE
NAME	911 SW S. RIVER DRIVE #106	
STREET ADDRESS	STUART FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	VPD DOERR, FRANK	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	811 SW South River Dr. #102		
2.3 STREET ADDRESS	Stuart FL 34997		
2.4 CITY-ST-ZIP			
3.1 TITLE	SD MCCOMB, JOHN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	911 SW South River Dr. #106		
3.3 STREET ADDRESS	Stuart FL 34997		
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	SD O'NEIL, JOSEPH R	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	711 SW South River Dr. #105		
5.3 STREET ADDRESS	Stuart FL 34997		
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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.

SIGNATURE: *Berrie H. De Haven* DATE: **3/26/98 (561) 288-7313**

CR2E037 (10/97)