
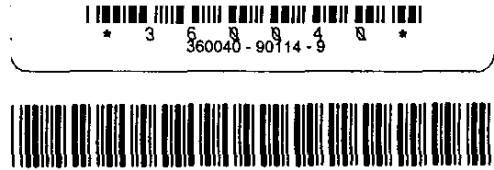


FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90114 009 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N12492 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	



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/11/1985
22	City & State	City & State	4. FEI Number
	Zip	Zip	NOT APPLICABLE
23	Country	Country	Applied For
			Not Applicable
24		29	5. Certificate of Status Desired
		30	<input type="checkbox"/> \$8.75 Additional Fee Required
			6. Election Campaign Financing
			<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
BECKER & POLIAKOFF, PA 500 AUSTRALIAN AVE S 9TH FLOOR WEST PALM BEACH FL 33470		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	TD
NAME	HOUSER, ARLENE	1.2 NAME	EILERTSON, BOB
STREET ADDRESS	871 SW SOUTH RIVER DR, 106	1.3 STREET ADDRESS	871 SW SOUTH RIVER DR. #102
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	VPD	2.1 TITLE	VD
NAME	DOERR, FRANK	2.2 NAME	MCCOMB, JOHN
STREET ADDRESS	811 SW S RIVER DR, #102	2.3 STREET ADDRESS	911 SW SOUTH RIVER DR. #106
CITY-ST-ZIP	STUART FL 34997	2.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	SD	3.1 TITLE	SD
NAME	MCCOMB, JOHN	3.2 NAME	WOODS, MARGARET
STREET ADDRESS	911 SW S RIVER DR, #106	3.3 STREET ADDRESS	671 SW SOUTH RIVER DR. #205
CITY-ST-ZIP	STUART FL 34997	3.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	PD	4.1 TITLE	
NAME	DE HAVEN, BERRIE	4.2 NAME	
STREET ADDRESS	741 S.W. SO. RIVER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	ASD
NAME	O'NEIL, JOSEPH R	5.2 NAME	O'NEIL, JOSEPH
STREET ADDRESS	711 SW S RIVER DR, #105	5.3 STREET ADDRESS	711 SW SOUTH RIVER DR. #105
CITY-ST-ZIP	STUART FL 34997	5.4 CITY-ST-ZIP	STUART, FL 34997
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Date: 4/10/99 Daytime Phone # _____

CR2E037-(1/198)