

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N22371**

1. Entity Name

SOUTH RIVER VILLAGE FOUR CONDOMINIUM ASSOCIATION

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90210 018 ****61.25

Principal Place of Business

Mailing Address

**30 SW SOUTH RIVER DR.
STUART FL 34997**

**30 SW SOUTH RIVER DR.
STUART FL 34997-3215**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0056517

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVINE, JAY STEVEN PA
2500 N MILITARY TRAIL, STE #275
BOCA RATON FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **KWIATKOWSKI, RICHARD**
STREET ADDRESS **390 SW SOUTH RIVER DR, #206**
CITY-ST-ZIP **STUART FL 34997**

TITLE **PD** Change Addition
NAME **OLON, WILLIAM**
STREET ADDRESS **390 SW SOUTH RIVER DR. #107**
CITY-ST-ZIP **STUART, FL 34997**

TITLE **VD** Delete
NAME **RANGO, RICHARD**
STREET ADDRESS **420 SW SOUTH RIVER DR, #203**
CITY-ST-ZIP **STUART FL 34997**

TITLE **VD** Change Addition
NAME **KWIATKOWSKI, RICHARD**
STREET ADDRESS **390 SW SOUTH RIVER DR. #206**
CITY-ST-ZIP **STUART, FL 34997**

TITLE **SD** Delete
NAME **DEVICH, STEPHEN**
STREET ADDRESS **570 SW SOUTH RIVER DR, #106**
CITY-ST-ZIP **STUART FL 34997**

TITLE **ASD** Change Addition
NAME **DEVICH, STEPHEN**
STREET ADDRESS **570 SW SOUTH RIVER DR. #106**
CITY-ST-ZIP **STUART, FL 34997**

TITLE **TD** Delete
NAME **ANDERSON, ARTHUR**
STREET ADDRESS **570 SW SOUTH RIVER DR, #201**
CITY-ST-ZIP **STUART FL 34997**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Change Addition
NAME **CARIANO, ALICE**
STREET ADDRESS **540 SW SOUTH RIVER DR. #106**
CITY-ST-ZIP **STUART, FL 34997**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Arthur Anderson* **Anderson** 4/6/00 561-286-8854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)