

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22371

FILED  
Mar 11, 2010  
Secretary of State

**Entity Name:** SOUTH RIVER VILLAGE FOUR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

30 SW SOUTH RIVER DR.  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

30 SW SOUTH RIVER DR.  
STUART, FL 34997

**New Mailing Address:**

**FEI Number:** 65-0056517

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BECKER, POLIAKOFF  
625 NORTH FEDERAL HWY.  
7TH FLOOR  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: STEFANELLI, NANCY  
Address: 510 SW SOUTH RIVER DRIVE #201  
City-St-Zip: STUART, FL 34997

Title: VPD  
Name: MCDONALD, CHARLES  
Address: 450 SW SOUTH RIVER DRIVE #206  
City-St-Zip: STUART, FL 34997

Title: SD  
Name: BERTOLOZZI, MARCELLA  
Address: 450 SW SOUTH RIVER DRIVE #205  
City-St-Zip: STUART, FL 34997

Title: TD  
Name: TAYLOR, RICHARD  
Address: 420 SW SOUTH RIVER DRIVE #203  
City-St-Zip: STUART, FL 34997

Title: D  
Name: BOWERMAN, GARY  
Address: 360 SW SOUTH RIVER DRIVE 101  
City-St-Zip: STUART, FL 34997

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NANCY STEFANELLI

PD

03/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date