SIGNATURE	: DEBORAH L. ROSS, ESQ.		04/17/2015
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	VP	Title	PRESIDENT
Name	KOVERMAN, MIKE	Name	THOMAS, SALLY
Address	841 SW SOUTH RIVER DRIVE, # 101	Address	270 SW SOUTH RIVER DR # 202
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34997
Title	S/D	Title	TREASURER
Name	HORAK, MARGERY	Name	CASSALIA, MARY LYNNE
Address	421 SW SOUTH RIVER DR 103	Address	540 SW SOUTH RIVER DRIVE, # 106
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34997
Title	ASST. SECRETARY, DIRECTOR		
Name	APPLEGREN, LARRY		
Address	241 SW SOUTH RIVER DRIVE, #205		
City-State-Zip:	STUART FL 34997		

STUART. FL 34997 US

### FEI Number: 59-2142503

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

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: SOUTH RIVER PROPERTY OWNERS' ASSOCIATION, INC.

ROSS, DEBORAH L ESQ. ROSS EARLE & BONAN, P.A. PO BOX 2401 SUITE 101 STUART, FL 34995 US

<u>\_\_\_\_</u>

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.

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. 04/17/2015

## SIGNATURE: SALLY THOMAS

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

PRESIDENT

\_ \_ \_ \_ . . . . . . . . . . . . .

# **Current Mailing Address:**

**Current Principal Place of Business:** 

30 SW SOUTH RIVER DR.

**DOCUMENT# 759654** 

30 SW SOUTH RIVER DR. STUART, FL 34997