

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759654

**FILED  
Mar 20, 2014  
Secretary of State  
CC4688190213**

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

**Current Principal Place of Business:**

30 SW SOUTH RIVER DR.  
STUART, FL 34997

**Current Mailing Address:**

30 SW SOUTH RIVER DR.  
STUART, FL 34997 US

**FEI Number: 59-2142503**

**Certificate of Status Desired: No**

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

BECKER & POLIAKOFF  
625 NORTH FLAGLER DRIVE  
7TH FLOOR  
WEST PALM BEACH, FL 33401 US

*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

**Officer/Director Detail :**

Title P/D  
Name KOVERMAN, MIKE  
Address 841 SW SOUTH RIVER DRIVE, # 101  
City-State-Zip: STUART FL 34997

Title VP/D  
Name THOMAS, SALLY  
Address 270 SW SOUTH RIVER DR # 202  
City-State-Zip: STUART FL 34997

Title S/D  
Name HORAK, MARGERY  
Address 421 SW SOUTH RIVER DR 103  
City-State-Zip: STUART FL 34997

Title T/D  
Name TAYLOR, RICHARD  
Address 420 SW SOUTH RIVER DRIVE, # 203  
City-State-Zip: STUART FL 34997

Title ASST. SECRETARY, DIRECTOR  
Name APPLGREN, LARRY  
Address 241 SW SOUTH RIVER DRIVE, #205  
City-State-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: MIKE KOVERMAN**

**PRESIDENT**

**03/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date