

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759654

**FILED**  
**Mar 18, 2024**  
**Secretary of State**  
**1780958511CC**

**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:**

ROSS, DEBORAH L. ESQ.  
819 SW FEDERAL HIGHWAY  
PO BOX 2401 SUITE 302  
STUART, FL 34995 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:** DEBORAH L. ROSS, ESQ.

03/18/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ASST. SECRETARY  
Name HUNT, LESLIE  
Address 789 S.W. FEDERAL HWY.  
101  
City-State-Zip: STUART FL 34994

Title VP  
Name MADDEN, JERRY  
Address 789 S.W. FEDERAL HWY.  
101  
City-State-Zip: STUART FL 34994

Title PRESIDENT  
Name FERRANTE, THOMAS  
Address 789 S.W. FEDERAL HWY.  
101  
City-State-Zip: STUART FL 34994

Title TREASURER  
Name BARRY, GARY  
Address 789 S.W. FEDERAL HWY.  
101  
City-State-Zip: STUART FL 34994

Title TREASURER  
Name RICHARDS, JENNIFER  
Address 789 S.W. FEDERAL HWY.  
101  
City-State-Zip: STUART FL 34994

*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:** THOMAS FERRANTE

PRESIDENT

03/18/2024

Electronic Signature of Signing Officer/Director Detail

Date