

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759655

**FILED**  
**Feb 07, 2017**  
**Secretary of State**  
**CC4466804765**

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

**Current Principal Place of Business:**

30 SW SOUTH RIVER DRIVE  
STUART, FL 34997

**Current Mailing Address:**

30 SW SOUTH RIVER DRIVE  
STUART, FL 34997

**FEI Number: 59-2142504**

**Certificate of Status Desired: No**

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

ROSS, DEBORAH ESQUIRE  
789 S. FEDERAL HIGHWAY  
SUITE 101  
STUART, FL 34994 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 WELLING, PAUL  
Address 241 SW SOUTH RIVER DRIVE 105  
City-State-Zip: STUART FL 34997

Title DIRECTOR  
Name POSELLI, AMATO  
Address 121 SW SOUTH RIVER DRIVE 104  
City-State-Zip: STUART FL 34997

Title SECRETARY  
Name RICHARDS, JENNIFER  
Address 91 S.W. SOUTH RIVER DR.  
201  
City-State-Zip: STUART FL 34997

Title DIRECTOR  
Name CHILTON, PATSY  
Address 181 SW SOUTH RIVER DRIVE  
202  
City-State-Zip: STUART FL 34997

Title TREASURER  
Name DALESANDRO, SUZANNE  
Address 121 SW SOUTH RIVER DRIVE  
#107  
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: PAUL WELLING**

**PRESIDENT**

**02/07/2017**

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

\_\_\_\_\_  
Date