

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759655

**FILED**  
**Mar 21, 2013**  
**Secretary of State**  
**CC6766061017**

**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 LIONE, ROSEMARY  
Address 91 SW SOUTH RIVER DRIVE 106  
City-State-Zip: STUART FL 34997

Title VP/D  
Name FOLEY, MICHAEL  
Address 91 SOUTH RIVER DRIVE 202  
City-State-Zip: STUART FL 34997

Title S/D  
Name CAIAZZA, MARIE  
Address 8557 SW SEA CAPTAIN DR.  
City-State-Zip: STUART FL 34997

Title T/D  
Name APPELGREN, LARRY  
Address 241 SW SOUTH RIVER DRIVE 205  
City-State-Zip: STUART FL 34997

Title D  
Name EWALD, DEBORAH  
Address 211 SW SOUTH RIVER DRIVE 103  
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: ROSEMARY LIONE**

**PRESIDENT**

**03/21/2013**

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

\_\_\_\_\_  
Date