

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

DOCUMENT# 765415

**FILED**  
**Feb 06, 2014**  
**Secretary of State**  
**CC0773909028**

**Entity Name:** SOUTH RIVER VILLAGE TWO 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 US

**FEI Number:** 59-2214170

**Certificate of Status Desired:** No

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

ROSS, DEBORAH L ESQ  
ROSS EARLE & BONAN, P.A.  
789 S FEDERAL HWY STE 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           PRESIDENT  
Name           MILLMAN, ERROLL  
Address        361 SW SOUTH RIVER DRIVE #203  
City-State-Zip: STUART FL 34997

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

Title           TREASURER  
Name           LIEGEOT, MARY  
Address        270 SW SOUTH RIVER DRIVE # 106  
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:** SALLY THOMAS

**SECRETARY**

**02/06/2014**

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

\_\_\_\_\_  
Date