

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

DOCUMENT# 765415

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

**FILED**  
**Feb 06, 2024**  
**Secretary of State**  
**6147222754CC**

**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.  
819 S FEDERAL HWY 302  
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 ASST. TREASURER  
Name SINDONE, DIANNA  
Address 30 SW SOUTH RIVER DRIVE  
City-State-Zip: STUART FL 34997

Title VP  
Name SABATINO, ALESSANDRO  
Address 30 SW SOUTH RIVER DR  
City-State-Zip: STUART FL 34997

Title PRESIDENT  
Name MADDEN, JEROME  
Address 30 SW SOUTH RIVER DRIVE  
City-State-Zip: STUART FL 34997

Title SECRETARY  
Name ISAZA, DEBBIE  
Address 30 SW SOUTH RIVER DRIVE  
City-State-Zip: STUART FL 34997

Title TREASURER  
Name MANCINI, PETER  
Address 30 SW SOUTH RIVER DRIVE  
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: JEROME MADDEN**

**PRESIDENT**

**02/06/2024**

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

\_\_\_\_\_  
Date