

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

DOCUMENT# N03727

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

**FILED**  
**Mar 22, 2013**  
**Secretary of State**  
**CC6743577069**

**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: 59-2427505**

**Certificate of Status Desired: No**

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

BECKER & POLIAKOFF  
625 NORTH FLAGLER DRIVE  
7TH FLOOR  
WEST PALM BEACH, FL 33401 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 PD  
Name HALEY, JIM  
Address 451 SW SOUTH RIVER DRIVE, # 201  
City-State-Zip: STUART FL 34997

Title VP/D  
Name HORAK, MARJORY  
Address 421 SW SOUTH RIVER DRIVE 103  
City-State-Zip: STUART FL 34997

Title T/D  
Name HUGGINS, EILEEN  
Address 611 SW SOUTH RIVER DRIVE, # 103  
City-State-Zip: STUART FL 34997

Title S/D  
Name HALPIN, MARGERET  
Address 421 SW SOUTH RIVER DRIVE 205  
City-State-Zip: STUART FL 34997

Title D  
Name HADDAD, MARILYN  
Address 541 SW SOUTH RIVER DR. # 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: JIM HALEY**

**PRESIDENT**

**03/22/2013**

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

\_\_\_\_\_  
Date