

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

DOCUMENT# N12492

**FILED**  
**Mar 20, 2014**  
**Secretary of State**  
**CC4896285102**

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

**Current Principal Place of Business:**

30 SW SOUTH RIVER DR  
STUART, FL 34997

**Current Mailing Address:**

30 SW SOUTH RIVER DR  
STUART, FL 34997 US

**FEI Number: 59-2685780**

**Certificate of Status Desired: No**

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

BECKER & POLIAKOFF, P.A.  
1 EAST BROWARD BLVD., SUITE 1800  
FT. LAUDERDALE, FL 33301 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 SPUHLER, BOB  
Address 811 SW SOUTH RIVER DRIVE, # 202  
City-State-Zip: STUART FL 34997

Title TREASURER, DIRECTOR  
Name MAGLIOZZI, ORESTE  
Address 671 SW S RIVER DR #201  
City-State-Zip: STUART FL 34997

Title S/D  
Name BILLS, SUSAN  
Address 641 SW S RIVER DR # 105  
City-State-Zip: STUART FL 34997

Title VP, DIRECTOR  
Name KOVERMAN, MIKE  
Address 841 SW SOUTH RIVER DRIVE # 101  
City-State-Zip: STUART FL 34997

Title DIRECTOR  
Name TOTH, LOU  
Address 771 SW S 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: BOB SPUHLER**

**PRESIDENT**

**03/20/2014**

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

\_\_\_\_\_  
Date