

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22371

**FILED**  
**Mar 04, 2020**  
**Secretary of State**  
**6256803140CC**

**Entity Name:** SOUTH RIVER VILLAGE FOUR 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

**FEI Number:** 65-0056517

**Certificate of Status Desired:** No

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

ROSS, DEBORAH L ESQ.  
ROSS EARLE BONAN & ENSOR, P.A.  
789 SW FEDERAL HWY 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:** DEBORAH L. ROSS

03/04/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ASST. SECRETARY  
Name COOMBS, KAREN  
Address 789 S.W. FEDERAL HIGHWAY  
101  
City-State-Zip: STUART FL 34994

Title SECRETARY  
Name MCPARTLAND, JANELLE  
Address 789 SW FEDERAL HIGHWAY  
101  
City-State-Zip: STUART FL 34994

Title PRESIDENT  
Name BOWERMAN, GARY  
Address 789 SW FEDERAL HIGHWAY  
101  
City-State-Zip: STUART FL 34994

Title VP  
Name LACHINET, DOUGLAS  
Address 789 SW FEDERAL HIGHWAY  
101  
City-State-Zip: STUART FL 34994

Title TREASURER  
Name BARRY, GARY  
Address 789 SW FEDERAL HIGHWAY  
101  
City-State-Zip: STUART FL 34994

*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:** GARY BOWERMAN

PRESIDENT

03/04/2020

Electronic Signature of Signing Officer/Director Detail

Date