STUART, FL 3	34997			
	ling Address: TH RIVER DR. L 34997			
FEI Number: 65-0056517			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
	BONAN & ENSOR, P.A. RAL HWY SUITE 101			
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Flor	ida.
	d entity submits this statement for the purpose of changing its regi E:	stered office or regis	tered agent, or both, in the State of Flor	^{ida.} 03/08/2017
		stered office or regis	tered agent, or both, in the State of Flor	
	E: DEBORAH L. ROSS Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Flor	03/08/2017
SIGNATURE	E: DEBORAH L. ROSS Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Flor	03/08/2017
SIGNATURE Officer/Dire	EIECTRONIC Signature of Registered Agent			03/08/2017
SIGNATURE Officer/Dire	EIECTRONIC Signature of Registered Agent	Title	PRESIDENT COOMBS, KAREN 450 S.W. SOUTH RIVER DRIVE	03/08/2017
SIGNATURE Officer/Dire Title Name	EIECTRONIC Signature of Registered Agent Ctor Detail : T/D ANSLEY, DIANA 450 SW SOUTH RIVER DRIVE #102	Title Name	PRESIDENT COOMBS, KAREN 450 S.W. SOUTH RIVER DRIVE 107	03/08/2017
SIGNATURE Officer/Dire Title Name Address	EIECTRONIC Signature of Registered Agent Ctor Detail : T/D ANSLEY, DIANA 450 SW SOUTH RIVER DRIVE #102	Title Name Address	PRESIDENT COOMBS, KAREN 450 S.W. SOUTH RIVER DRIVE 107	03/08/2017
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : T/D ANSLEY, DIANA 450 SW SOUTH RIVER DRIVE #102 STUART FL 34997	Title Name Address	PRESIDENT COOMBS, KAREN 450 S.W. SOUTH RIVER DRIVE 107	03/08/2017

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: KAREN COOMBS

City-State-Zip: STUART FL 34997

Electronic Signature of Signing Officer/Director Detail

03/08/2017

CC4090183222

FILED Mar 08, 2017

Secretary of State

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22371

Entity Name: SOUTH RIVER VILLAGE FOUR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

30 SW SOUTH RIVER DR. STUART, FL 34997