

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

DOCUMENT# N49881

**FILED**  
**Mar 04, 2014**  
**Secretary of State**  
**CC5286118306**

**Entity Name:** SOUTH RIVER SHORES ASSOCIATION, INC.

**Current Principal Place of Business:**

2642 SW RIVER SHORE DR.  
PORT ST. LUCIE, FL 34984

**Current Mailing Address:**

PO BOX 7454  
PORT ST. LUCIE, FL 34985

**FEI Number: 65-0295962**

**Certificate of Status Desired: No**

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

NAVARETTA, STEPHEN  
1100 SW ST. LUCIE WEST BLVD  
PORT ST. LUCIE, FL 34986 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 RUBY, ANN  
Address 2642 SW RIVER SHORE DR  
City-State-Zip: PORT SAINT LUCIE FL 34984

Title VSP  
Name RITTENHOUSE, WATSON  
Address 2598 SW RIVER SHORE DR  
City-State-Zip: PORT SAINT LUCIE FL 34984

Title TREA  
Name RUBY, RICHARD S  
Address 2642 SW RIVER SHORE DR  
City-State-Zip: PORT SAINT LUCIE FL 34984

Title SEC  
Name SMITH, JOHN  
Address 2602 SW RIVER SHORE DR  
City-State-Zip: PORT ST LUCIE FL 34984

Title ARC  
Name ALVAREZ, JOE  
Address 2618 SW RIVER SHORE DR  
City-State-Zip: PORT ST LUCIE FL 34984

*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: ANN M. RUBY**

**PRESIDENT**

**03/04/2014**

Electronic Signature of Signing Officer/Director Detail

Date