

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703505 (8)
1. Corporation Name
ST. LUCIE SETTLEMENT, INC.



Principal Place of Business Mailing Address
650 SW SALERNO RD. 650 SW SALERNO RD.
STUART FL 34997 STUART FL 34997

3. Date Incorporated or Qualified 01/24/1962
3a. Date of Last Report 04/26/1995
4. FEI Number 59-1892296 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

21. Principal Place of Business 26. Mailing Address
22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.
23. City & State 28. City & State
24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAWYER, JOSEPH
650 SW SALERNO RD.
STUART FL 34997

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARTMAN, KENNETH	
STREET ADDRESS	675 SW SALERNO RD.	
CITY-ST-ZIP	STUART FL 34997	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	O'BRIEN, JILL	
STREET ADDRESS	725 SW SALERON RD	
CITY-ST-ZIP	STUART FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SAWYER, JOSEPH	
STREET ADDRESS	650 SW SALERNO RD.	
CITY-ST-ZIP	STUART FL 34997	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILLIGAN, WILLIAM	
STREET ADDRESS	700 SW SALERNO RD	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLECK, BEATRIX	
STREET ADDRESS	805 SW SALERNO RD.	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHILLIPS, ROSA	
STREET ADDRESS	820 SW SALERNO RD	
CITY-ST-ZIP	STUART FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	Lustick, June	
13. STREET ADDRESS	830 SW Salerno Rd	
14. CITY-ST-ZIP	Stuart, FL 34997	
21. TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Sawyer, Joseph O.	
23. STREET ADDRESS	650 SW Salerno Rd	
24. CITY-ST-ZIP	Stuart FL 34997	
31. TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	Horvath, Jay	
33. STREET ADDRESS	534 SW Salerno Rd	
34. CITY-ST-ZIP	Stuart FL 34997	
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
51. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	Hartman, Doris	
53. STREET ADDRESS	675 SW Salerno Rd	
54. CITY-ST-ZIP	Stuart FL 34997	
61. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	Larsson, William	
63. STREET ADDRESS	750 SW Salerno Rd	
64. CITY-ST-ZIP	Stuart FL 34997	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph O. Sawyer Joseph O. Sawyer 4-15-96 (407) 220-3445
DATE DAYTIME PHONE #

CR2E037 (12/95)