

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

FILED
Jun 27 1996 8:00 am
Secretary of State

DOCUMENT # 741205 (9)

1. Corporation Name

ST. LUCIE ASSOCIATION OF REALTORS, INC.

Principal Place of Business

4973 SOUTH U.S. 1
FORT PIERCE FL 34982-7011

Mailing Address

4973 SOUTH U.S. 1
FORT PIERCE FL 34982-7011

3. Date Incorporated or Qualified
12/21/1977

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1795822

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHERRARD, JOHN
34 EAST FIFTH STREET
STUART FL 34994

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
VPD	LUYSTER, DAVID	1149 SE PSL BLVD.	PT ST LUCIE FL	<input checked="" type="checkbox"/>
T	STONE, IRV	2011 COCONUT DRIVE	HUTCHINSON ISLAND FL	<input checked="" type="checkbox"/>
PD	LUYENDYK, LINDA	7270 S. US 1	PT. ST. LUCIE FL	<input type="checkbox"/>
PED	MEALEY, GARY	7410 S US1 STE 100	PT ST LUCIE FL	<input type="checkbox"/>
T	GIBBINS, EUGENE	258 SW BRIDGEPORT DRIVE	PT ST LUCIE FL	<input type="checkbox"/>
M	SWANSON, DEBRA L	4973 S US 1	FT. PIERCE FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
V	SOLON, KEVIN	7270 S. U.S. 1	PT. ST. LUCIE, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	COLE, DOROTHY	1420 ST. LUCIE WEST BLVD.	STE 101 PT. ST. LUCIE, FL 34986	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	LUYENDYK, LINDA	7270 S. US 1	PT. ST. LUCIE, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	MEALEY, GARY	7410 S US 1 STE 100	PT. ST. LUCIE, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PED	GIBBINS, EUGENE	258 SW BRIDGEPORT DRIVE	PT. ST. LUCIE FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
M	PANDILIDIS, DAVID A.	4973 S. US 1	FT. PIERCE, FL 34982	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: *David A. Pandilidis, CEO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/96

Date

(407) 465-6080

Daytime Phone #

CR2E037 (12/95)