

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2003 8:00 am**  
**Secretary of State**

03-18-2003 90070 049 \*\*\*\*61.25

**DOCUMENT # 741205**

1. Entity Name

**ST. LUCIE ASSOCIATION OF REALTORS, INC.**



Principal Place of Business

**4972 SOUTH 25TH STREET  
PORT PIERCE FL 34981  
US**

Mailing Address

**4972 SOUTH 25TH STREET  
PORT PIERCE FL 34981  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1795822**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHERRARD, JOHN  
34 EAST FIFTH STREET  
STUART FL 34994**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **NICKSON, STIX**  
STREET ADDRESS **410 NORTHEAST CORNWALL AVENUE**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE **PD** ☒ Change ☐ Addition  
NAME **LOWE ROBERT**  
STREET ADDRESS **4949 NA1A #131**  
CITY-ST-ZIP **Fort Pierce, FL 34949**

TITLE **PED** ☒ Delete  
NAME **LOWE, ROBERT**  
STREET ADDRESS **4949 N A1A, #131**  
CITY-ST-ZIP **FORT PIERCE FL 34949**

TITLE **PED** ☒ Change ☐ Addition  
NAME **CARMEN R. PAPPA**  
STREET ADDRESS **9580 S. Federal Highway**  
CITY-ST-ZIP **Port St. LUCIE, FL 34952**

TITLE **TD** ☐ Delete  
NAME **CORCORAN, KATHLEEN**  
STREET ADDRESS **1482 SE MANTH LANE**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VSD** ☐ Delete  
NAME **KELLY-BROWN, SHARON**  
STREET ADDRESS **3146 SE OVERBROOK DRIVE**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **M** ☐ Delete  
NAME **SWANSON, DEBRA L**  
STREET ADDRESS **2042 SOUTHEAST HANFORD ROAD**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

3/14/03 772-465-6010

CR2E037 (10/02)