

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90068 050 \*\*\*150.00

DOCUMENT # G24306

1. Corporation Name

ST. LUCIE RIVER MANAGEMENT, INC.

Principal Place of Business

% DONALD W. CARSON  
316 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480

Mailing Address

% DONALD W. CARSON  
316 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1983

4. FEI Number

59-2268074

Applied For

Not Applicable

2. Principal Place of Business

340 Royal Poinciana Way

2a. Mailing Address

340 Royal Poinciana Way

21 Suite, Apt. #, etc.

Suite 316

26 Suite, Apt. #, etc.

Suite 316

23 City & State

Palm Beach, FL

28 City & State

Palm Beach, FL

24 Zip Country

33480 USA

29 Zip Country

33480 USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARSON, DONALD W.  
316 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480

81 Name

Carson, Donald W.

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

340 Royal Poinciana Way

83

Suite 316

84

City

Palm Beach

FL

85

Zip Code

33480

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VAS  
NAME CARSON, DONALD W  
STREET ADDRESS 316 ROYAL POINCIANA PL  
CITY-ST-ZIP PALM BCH. FL 33480

1.1 TITLE

Sr. V/AS

1.2 NAME

340 Royal Poinciana Way

1.3 STREET ADDRESS

Suite 316

1.4 CITY-ST-ZIP

Palm Beach, FL 33480

CORRECTION

TITLE DPS  
NAME FANJUL, ALFONSO  
STREET ADDRESS 316 ROYAL POINCIANA PLZ  
CITY-ST-ZIP PALM BCH FL 33480

2.1 TITLE

Fanjul, Alfonso

2.2 NAME

340 Royal Poinciana Way

2.3 STREET ADDRESS

Suite 316

2.4 CITY-ST-ZIP

Palm Beach, FL 33480

CORRECTION

TITLE DVT  
NAME FANJUL, JOSE  
STREET ADDRESS 316 ROYAL POINCIANA PLZ  
CITY-ST-ZIP PALM BCH FL 33480

3.1 TITLE

Exec.V/D/T

3.2 NAME

340 Royal Poinciana Way

3.3 STREET ADDRESS

Suite 316

3.4 CITY-ST-ZIP

Palm Beach, FL 33480

CORRECTION

TITLE AS  
NAME DEL BUSTO, JORGE  
STREET ADDRESS 316 ROYAL POINCIANA PLZ  
CITY-ST-ZIP PALM BCH FL 33480

4.1 TITLE

340 Royal Poinciana Way

4.2 NAME

Suite 316

4.3 STREET ADDRESS

Palm Beach, FL 33480

CORRECTION

TITLE AS  
NAME BAKER, DAVID  
STREET ADDRESS 321 ROYAL POINCIANA PLZ  
CITY-ST-ZIP PALM BCH FL 33480

5.1 TITLE

340 Royal Poinciana Way

5.2 NAME

Suite 316

5.3 STREET ADDRESS

Palm Beach, FL 33480

CORRECTION

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐

Change

☐

Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sr. Vice President 3/25/99

561-655-6303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)