

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90093 025 ***150.00

DOCUMENT # G24306

1. Entity Name
ST. LUCIE RIVER MANAGEMENT, INC.



Principal Place of Business

**ONE NORTH CLEMATIS ST
SUITE 200
WEST PALM BEACH, FL 33401 US**

Mailing Address

**ONE NORTH CLEMATIS ST
SUITE 200
WEST PALM BEACH, FL 33401 US**

DO NOT WRITE IN THIS SPACE



03302006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2268074

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARSON, DONALD W.
ONE NORTH CLEMATIS STREET
SUITE 200
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SVAS
CARSON, DONALD W
ONE NORTH CLEMATIS ST SUITE 200
WEST PALM BEACH, FL 33401**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPS
FANJUL, ALFONSO
ONE NORTH CLEMATIS ST SUITE 200
WEST PALM BEACH, FL 33401**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**EVD
FANJUL, JOSE
ONE NORTH CLEMATIS ST SUITE 200
WEST PALM BEACH, FL 33401**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AS
DEL BUSTO, JORGE
ONE NORTH CLEMATIS ST SUITE 200
WEST PALM BEACH, FL 33401**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AS
TABERNILLA, ARMANDO A
ONE NORTH CLEMATIS ST SUITE 200
WEST PALM BEACH, FL 33401**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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:

Armando A. Tabernilla, Assistant Secretary

561-655-6303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #