


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90007 036 \*\*\*\*61.25

**DOCUMENT # N02000007010**

1. Entity Name  
**ROYAL PALMS OF ST. LUCIE, INC.**



Principal Place of Business  
**2810 D STONWAY LLN  
 FORT PIERCE, FL 34982**

Mailing Address  
**2810 D STONWAY LLN  
 FORT PIERCE, FL 34982**

**34026015**



2. Principal Place of Business  
**704 FLORIDA AVE**

3. Mailing Address  
**704 FLORIDA AVE**

Suite, Apt. #, etc.

02122004 Chg-NP CR2E037 (10/03)

City & State  
**FT. PIERCE FL**

City & State  
**FT. PIERCE FL**

Zip  
**34950**

Country

4. FEI Number  
**02-0643004**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CHEYNE, KRISTEN K  
 2810 D STONWAY LANE  
 FORT PIERCE, FL 34982**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**704 FLORIDA AVE**

City **FORT PIERCE FL** Zip Code **34950**

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 **KRISTEN K CHEYNE** *Kristen K Cheyne* **2-12-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2004**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUIS, SARA 715 GEORGIA AVE FORT PIERCE, FL 34950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPRINGSTEEN, BERRY 711 BEACH COURT FORT PIERCE, FL 34950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHEYNE, KRISTEN 28100 STONWAY LANE FORT PIERCE, FL 34982 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLACKWELL, NIKKI 317 ST. LUCIE LANE FORT PIERCE, FL 34946 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SARA LLOYD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BECKY SPRINGSTEEN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 704 FLORIDA AVE FORT PIERCE FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Kristen K Cheyne** *Kristen K Cheyne* **2-12-04** **7722161117**

Signature and typed or printed name of signing officer or director Date Daytime Phone #