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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

N24752

(0)

ST. LUCIE WEST INDUSTRIAL ASSOCIATION, INC.														
Principal Place of Business					Malling Address					1 1001110	. 618 11911 61611 (616	1 B)119 (IB) B(B) Q	THE PERSON	IL MANGE MINICE IN SET
590 NW PEACOCK BLVD. SUITE 3 PORT ST. LUCIE PL 34986				5	590 NW PEACOCK BLVD. SUITE 3 PORT ST. LUCIE FL 34996						porated or Quali	ified		***
US	HE FE 34800				is	00			ĺ	4. FEI Numbe	er .			Applied For
										65-01	14 1249	··		Not Applicable
	SW St. 1		West B1		Mailing Address 1740 SW St.	Luc	ie	West	B1.vd	5. Certificate	of Status Desire	d D		5 Additional Required
Suite, Apt.	#, etc.			27							ampaign Financi Contribution	ing 🔲		O May Be d to Fees
City & State 23 Port St. Lucie, FL					City & State 28 Port St. Lucie, FL					7. Is this non	profit corporation	n a homeowne	ers associa	ıtion?
Zip		Coun	-		Zip		Countr			B. This corpo	ration owes or h	as paid the cu		Intangible
24 3498			USA	29		30	U	<u>ISA</u>			roperty Tax due		Yes	□ No
	V. Name	and Add	ress of Curren	it Reg	istered Agent		81	Name		10. Name and	Address of Ne	W Registered	Agent	
D#/5 5/	DA IPAT D .						L	""	Pag	e, David	C			
DIKE, ERNEST R. J							82	Street	Addres	s (P.O. Box Nu	mber is Not Acc	eptable)		
\$90 NW PEACOCK BLVD. SUITE 3								. 	40 5	W St. LU	cie West	DIVU.		
	, T. LUCIE FL	34088					_							
FORT ST. LOCIE 1 E 34900							84		rt S	st. Lucie	•	FI	_ 85 Z	ip Code 34986
11. Pursuant	to the provisi	ons of Se	ctions 617.050	2 and	617.1508, Florida Stat	utes, the	oda e	ve-named	corpor	ation submits th	is statement for	the purpose		
Office or re	egistered ag: m famillar wit	ant, or bo by∕and ac	th, in the State scept the oblig-	of Flo ations	617.1508, Florida Stati rida. Such change was of, Section 617.0503, F	s authori Florida S	ized t Statute	by the corp es.	poration	n's board of dire	ectors. I hereby	accept the ap	pointment	as registered
SIGNATURE	\mathcal{K}	h	- 1	2) a vice Mayo	<u>e_</u>						4/	30/9	8
	Signature, wood		me of registered ago					gent signature	required	when reinstating)	1011111050 50	DATE		
12.	PD		OFFICERS AN	D DIRI	ECTORS DELETE		3. 1 TITLE		T	ADDITIONS	CHANGES TO	OFFICERS AN	Chang	
NAME	DIKE, EF	MEST B	i ID		LEJ DELETE		2 NAME						L CHRU	Je LI Addition
STREET ADDRESS			i. un. CK BLVD. #3	t				ET ADDRESS						
CITY-ST-ZIP	PT. ST.	-	_	•				ST-ZIP	1				_	
TITLE	DS	10012 1	<u> </u>		DELETE		1 TITLE		D/S)	· · · · · · · · · · · · · · · · · · ·		Chang	e
NAME	GALLAG	HER, JO	HN P.			2.	2 NAME	_	Gal	lagher,	John P.			
STREET ADDRESS	590 NW	PEACO!	CK BLVD. #3	l		2.	3 STREE	ET ADDRESS			Lucie W	est Blv	1.	
CFTY-ST-ZIP	<u>Pt. st. i</u>	<u>LUCIE FI</u>	<u>L</u>			2.	4 CITY	- ST - ZIP	Por	t St. Lu	cie, FL	34986		
TITLE	Ť				☐ DELETE	3.	1 TITLE		D/T				Le Chang	ge La Addition
NAME	JAMES /						2 NAME		And	erson, J	ames Lucie W			
STREET ADDRESS			CK BLVD. #3 '	•		- 8		ET ADDRESS	1/4	U SW St.	Lucie W	est Blvo	1.	
CITY-\$T-ZIP TITLE	PT. ST. I DV	LUCIE FI	<u>. </u>		DELETE		4. CITY 1 TITLE	- ST- ZIP	D/P	t St. Lu	cie, FL	34986	Chang	e Addition
NAME	PAGE, D	AVID C					2 NAM			e, David	С	<.	CES On any	1000000
STREET ADDRESS			CK BLVD. #3	ı				ET ADDRESS	174	O SW St	Lucie W		1	
CITY-\$T-ZIP	PORT ST					- 1		ST-ZIP	Por	t St. Lu	cie. FL	34986	••	
TITLE					DELETE		1 TITLE						Chang	e Addition
NAME						5.	2 NAME							
STREET ADDRESS	l					6.	3 STREE	T ADDRESS	1					
CITY-ST-ZIP								ST-ZIP						1 1
TITLE					☐ DELETE		1 TITLE						L Chang	ge L Addition
NAME						- 1	2 NAME							
STREET ADDRESS								ET ADDRESS						
14. Thereby o	certify that the	a informat	ion supplied w	ith this	s filing does not qualify			S1-ZIP ption state	L ed in Se	ection 119.07(3)	(i), Florida Statu	ites. I further o	pertify that	the information
Indicated officer or o Block 12 o	on this annual director of this or Block 13	al report of a comora changed	or supplementa ition or the reco t, or on an atta	al anni eiver o chiper	s filing does not qualify ual report is true and a or trustee empoyered to the file and dess.	ccurate o execut	and the	hat my sig report as	nature require	shall have the sed by Chapter (same legal effect 317, Florida Stat	t as if made unter that	nder oath; my name	that I am an appears in
SIGNAT	URE	/ Y Y	Vita	\ \ \	= H. And	- 1753.	. وسور	_			4/30/9	8 56	1-34	10 · 350