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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24752

1. Corporation Name

ST. LUCIE WEST INDUSTRIAL ASSOCIATION, INC.

Principal Place of Business

1740 SW ST. LUCIE WEST BLVD.
PORT ST. LUCIE FL 34986
US

Mailing Address

1740 SW ST. LUCIE WEST BLVD.
PORT ST. LUCIE FL 34986
US



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/11/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-014249
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent

PAGE, DAVID C
1740 SW ST. LUCIE WEST BLVD.
PORT ST. LUCIE FL 34986

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	DS ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GALLAGHER, JOHN P.	1.2 NAME	
STREET ADDRESS	1740 SW ST. LUCIE WEST BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	1.4 CITY-ST-ZIP	
TITLE	DT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JAMES ANDERSON	2.2 NAME	
STREET ADDRESS	1740 SW ST. LUCIE WEST BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	2.4 CITY-ST-ZIP	
TITLE	DP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PAGE, DAVID C	3.2 NAME	
STREET ADDRESS	1740 SW ST. LUCIE WEST BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 617, 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:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99 561-340-3500

CR2E037 (11/98)