

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N31843 (8)**  
1. Corporation Name  
**PILOT CLUB OF ST. LUCIE COUNTY, INC.**



Principal Place of Business P O BOX 4505 P. O. BOX 4505 FT PIERCE FL 34948-1505 US	Mailing Address P O BOX 4505 P. O. BOX 4505 FT PIERCE FL 34948-1505 US
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3. Date Incorporated or Qualified <b>04/20/1989</b>	
4. FEI Number <b>65-0069420</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**DILL, CAROLYN  
101 N ROCK RD  
FT PIERCE FL 34945**

10. Name and Address of New Registered Agent  
81 Name **ANITA C. TUDINO**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **1 MONTOYA**  
84 City **FORT PIERCE** **FL** 85 Zip Code **34951**

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.  
**ANITA C. TUDINO, TREASURER 1/9/98**

SIGNATURE *Anita C. Tudino* (NOTE: Registered Agent signature required when retreating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILL-COLLIER, CAROLYN	1.2 NAME
STREET ADDRESS	101 N. ROCK ROAD	1.3 STREET ADDRESS
CITY-ST-ZIP	FORT PIERCE FL	1.4 CITY-ST-ZIP
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANET DELUCIA	2.2 NAME
STREET ADDRESS	1701 S.E. LORRAINE ST	2.3 STREET ADDRESS
CITY-ST-ZIP	PORT ST. LUCIE FL	2.4 CITY-ST-ZIP
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUDINO, ANITA C.	3.2 NAME
STREET ADDRESS	1 MONTOYA	3.3 STREET ADDRESS
CITY-ST-ZIP	FORT PIERCE FL	3.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUDINO, BARBARA J.	4.2 NAME
STREET ADDRESS	6705 SANTA CLARA BLVD.	4.3 STREET ADDRESS
CITY-ST-ZIP	FORT PIERCE FL	4.4 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILL-COLLIER, CAROLYN	5.2 NAME
STREET ADDRESS	101 N. ROCK ROAD	5.3 STREET ADDRESS
CITY-ST-ZIP	FT. PIERCE FL 34945	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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.

SIGNATURE: *Anita C. Tudino* **ANITA C. TUDINO, TREASURER 1/9/98 561-466 1200**

CR2E037 (10/97)