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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Feb 05 1998 8:00am

Secretary of State

ROBERT CRUZ 1-30-98

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

Principal Place of Business

SIGNATURE:

N36869

(8)

Mailing Address

PORT ST. LUCIE COMMUNITY BAND, INC.

l <b></b>							
% ROBERT CRUZ, SR 788 S.E. ESSEX DR PORT ST LUCIE FL 34984		% ROBERT CRUZ. SR 766 S.E. ESSEX DR PORT ST LUCIE FL 34984		3. Date Incorporated or Qualified			
				02/26/1990			
				4. FEI Number	Applied For		
ľ						Not Applicable	
9 Principal S	Place of Business	20 Mailing Address			65-0264161	<del></del>	
	lace of business	2a. Maiting Address			5. Certificate of Status Desired	\$8.75 Additional	
21	<del></del>	26				Fee Required	
Sulte, Apt.	. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be	
22		27			Trust Fund Contribution	Added to Fees	
City & Sta	te	City & State			7. Is this nonprofit corporation a homeowner	ers association?	
23		28			Yes	□ No	
Zìp	Country	Zip	Country	<del>/</del>	8. This corporation owes or has paid the cu	irrent vear Intangible	
24	25	29	ю			☐ Yes ☐ No	
	9. Name and Address of Current		<del></del>		10. Name and Address of New Registered		
			81	Name			
				1.1			
Cruz, Robert, Sr			82	Street	Address (P.O. Box Number is Not Acceptable)		
766 S.E	i. <b>Ess</b> ex dr						
PORT ST LUCIE FL 34984			83				
, ,,,,			<u> </u>				
			84	City	FL	85 Zip Code	
· <u> </u>							
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 heard of directors. Thereby accept the appointment as registered							
agent. I a	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 lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE							
DIGITATIONE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE:	Registered Ag	ent signature	e required when reinstating) DATE	<del></del>	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	P8	☐ DELETE	1.1 TITLE			Change Addition	
NAME	CRUZ, ROBERT SR		1.2 NAME				
	766 SE ESSEX DR			T ADDDCOO			
STREET ADDRESS	1		1	T ADDRESS	<u> </u>		
CITY-ST-ZIP	PORT ST LUCIE FL		1.4 CITY-5	ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			Change	
NAME	CUSEO, CHARLES		2.2 NAME				
STREET ADDRESS	849 S. W. BELMONT CT		2.3 STREET	T ADDRESS			
CITY-ST-ZIP	PORT ST. LUCIE FL		2. 4 CITY-	ST-ZIP	<b>(</b>		
TITLE	D	DELETE	3.1 TITLE	<u> </u>		Change Addition	
NAME	NICKERSON, JOHN		3.2 NAME				
·				<b></b>			
STREET ADORESS	919 NE JUNIPER PLACE		3.3 STREET	ADDRESS			
CITY-ST-ZIP	JENSEN BCH FL		3.4. CITY-	ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE		]	Change Addition	
NAME	BORGSTROM, ELNAR		4. 2 NAME				
STREET ADDRESS	2783 S. W. MARIPOSA CIR		4.3 STREET	ADDRESS			
CITY-ST-ZIP	PALM CITY FL		4.4 CITY-S				
TITLE	D	DELETE	5.1 TITLE		CHANGE ADDRESS ONL	Change Addition	
	ı —		5.7 THEE 5.2 NAME		·		
NAME	ELWOOD, KINNEY	CHANGE	• • • • • • • • • • • • • • • • • • • •		BBQ SW ATLAS TERK	<i>-</i> ,	
STREET ADDRESS	147 NE SHARYON CIRCLE	ADDRESS	5.3 STREET		PORT ST. LUCIE, FL.	54 983	
CITY-ST-ZIP	_JENSEN BCH. FL		5.4 CITY - S	ST-ZIP		<u> </u>	
TITLE	8	☐ DELETE	6.1 TITLE			Change Addition	
NAME	HINCHCLIFFE, W.		6.2 NAME				
STREET ADDRESS	607 S. E. CALMOSO DRIVE		6.3 STREET	ADDRESS			
CITY-ST-ZIP	PORT ST. LUCIE FL		6.4 CITY-S				
	certify that the information supplied wit	h this filing does not qualify for			I	artify that the information	
14. Thereby 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 13 if the beginning or on expetite of the production of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 if the beginning of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 if the product of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 if the product of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 if the product of the product of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in the product of the product							
Block 12 or Block 13 if changed, or on an attachment with an address.							