

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003268

FILED  
Jan 13, 2005  
Secretary of State

Entity Name: PORT ST. LUCIE AMATEUR RADIO ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 7461  
PORT ST. LUCIE, FL 349859998

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7461  
PORT ST. LUCIE, FL 349859998

**New Mailing Address:**

FEI Number: 65-0452015      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOLDEVILLA, ROBINSON K TREAS.  
2851 SE PACE DR.  
PORT SAINT LUCIE, FL 34984      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: COX, ROY  
Address: 412 N.W. CORNELL AVE.  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: TRD      ( ) Delete  
Name: SOLDEVILLA, ROBINSON K  
Address: 2851 PACE DR  
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: ST      ( ) Delete  
Name: SOLDEVILLA, ROBINSON K  
Address: 2851 SE PACE DR  
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: V      ( ) Delete  
Name: PLAYFORD, DON  
Address: 141 SE LAKEHURST DR  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D      ( ) Delete  
Name: SASSON, MAURICE  
Address: 8598 FLORENCE DR  
City-St-Zip: PORT ST. LUCIE, FL

Title: D      ( ) Delete  
Name: SALTER, SIDNEY  
Address: 991 N.W. TUSCANY DR  
City-St-Zip: PORT SAINT LUCIE, FL 34986

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBINSON KENT SOLDEVILLA

TRD

01/13/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date