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FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005721 (2)
1. Corporation Name

SOUTHBEND RESIDENTS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 7506
PORT ST. LUCIE FL 34985-7506

POST OFFICE BOX 7506
PORT ST. LUCIE FL 34985-7506

3. Date Incorporated or Qualified

10/06/1997

4. FEI Number

NA

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FASULA, GREGORY G
2500 S.E. MIDPORT ROAD
SUITE 200
PORT ST. LUCIE FL 34952

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 ☐ DELETE
NAME D
STREET ADDRESS MASTERS, GUY
CITY-ST-ZIP 602 SE DEAN TERRACE
PORT ST. LUCIE FL 34984

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS MASTERS, JOANN
CITY-ST-ZIP 602 SE DEAN TERRACE
PORT ST. LUCIE FL 34984

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME D
STREET ADDRESS DELTORO, RICK
CITY-ST-ZIP 2905 SE EAGLE DRIVE
PORT ST. LUCIE FL 34984

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME D ROYER HERME
3.3 STREET ADDRESS 610 S.E. BARR TERRACE
3.4 CITY-ST-ZIP PORT ST LUCIE, FL 34984

TITLE ☐ DELETE
NAME D
STREET ADDRESS HERRERA, LARRY
CITY-ST-ZIP 603 SE DEAN TERRACE
PORT ST. LUCIE FL 34984

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS BRAMMER, ARLENE
CITY-ST-ZIP 335 SE FISK ROAD
PORT ST. LUCIE FL 34984

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS STEPHENS, JOE
CITY-ST-ZIP 675 SE STOW TERRACE
PORT ST. LUCIE FL 34984

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

[Signature]

29 APRIL 1998

Ph 561-878-7153

CR2E037 (10/97)