

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90005 005 ****61.25

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1. Entity Name

SOUTHBEND RESIDENTS ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0784154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required.**



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FASULA, GREGORY G
1680 SW BAYSHORE BLVD
STE 107
PORT SAINT LUCIE FL 34984**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ROBLES, HARRY ☐ Delete
STREET ADDRESS 602 SE DALEY CT
CITY-ST-ZIP PORT ST. LUCIE FL 34984

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT
NAME ARZICH, MARY ELLEN ☐ Delete
STREET ADDRESS 3545 S.E. HYDE CIRCLE
CITY-ST-ZIP PORT SAINT LUCIE FL 34984

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MATOS, JULIE ☒ Delete
STREET ADDRESS 3246 S.E. QUAY STREET
CITY-ST-ZIP PORT SAINT LUCIE FL 34984

TITLE D ☒ Change ☐ Addition
NAME BISCIONE, JANINE
STREET ADDRESS 511 SE BERRY AVE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34984

TITLE D
NAME RAY, DENNIS ☒ Delete
STREET ADDRESS 606 S.E. STOW TERRACE
CITY-ST-ZIP PORT SAINT LUCIE FL 34984

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME BRAMMER, ARLENE ☒ Delete
STREET ADDRESS 335 S.E. FISK ROAD
CITY-ST-ZIP PORT SAINT LUCIE FL 34984

TITLE D ☒ Change ☐ Addition
NAME MORAN, DON
STREET ADDRESS 3368 SE EAST SNOW ROAD
CITY-ST-ZIP PORT SAINT LUCIE, FL 34984

TITLE D
NAME HANNI, JOHN ☐ Delete
STREET ADDRESS 3246 S.E. WEST SNOW RD
CITY-ST-ZIP PORT SAINT LUCIE FL 34984

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

June 28, 2004 (772) 336-5926