2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90151 021 ****61.25

DOCUMENT # N97000005721

1. Entity 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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0784154 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

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	D ☐ Delete	TITLE	PD ☑ Change ☑ Addition
NAME	ROBLES, HARRY	NAME	
STREET ADDRESS	602 SE DALEY CT	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	CITY-ST-ZIP	
TITLE	PD ☑ Delete	TITLE	DT (LAST NAME) ☐ Change ☑ Addition
NAME	SANDERS, JAMES	NAME	MARY ELLEN ARZICH
STREET ADDRESS	302 SE. SIMS CIR.	STREET ADDRESS	3545 S.E. HYDE CIRCLE
CITY-ST-ZIP	PORT SAINT LUCIE FL 34984	CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984
TITLE	D ☑ Delete	TITLE	D ☐ Change ☑ Addition
NAME	GENCSY, RAE	NAME	MATOS, JULIE
STREET ADDRESS	2825 SE PERU ST.	STREET ADDRESS	3246 S.E. QUAY STREET
CITY-ST-ZIP	PORT SAINT LUCIE FL 34984	CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RAY, DENNIS	NAME	
STREET ADDRESS	606 S.E. STOW TERRACE	STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34984	CITY-ST-ZIP	
TITLE	D ☑ Delete	TITLE	D ☐ Change ☑ Addition
NAME	ELKINS, JILLIAN	NAME	BRAMMER, ARLENE
STREET ADDRESS	2899 SE PACE DR	STREET ADDRESS	335 S.E. FISK ROAD
CITY-ST-ZIP	PORT SAINT LUCIE FL 34984	CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HANNI, JOHN	NAME	
STREET ADDRESS	3246 S.E. WEST SNOW RD	STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34984	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 PRESIDENT May 3 2003 (772) 336-5926

CR2E037 (10/02)