FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 26 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703505 (8)

1. Corporation Name

ST. LUCIE SETTLEMENT, INC.

Principal Place of Business	Mailing Address
650 SW SALERNO RD. STUART FL 34997	650 SW SALERNO RD. STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1962
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-1892296 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SAWYER, JOSEPH
650 SW SALERNO RD.
STUART FL 34997

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	V/D	☒ Change ☐ Addition
NAME	HARTMAN, KENNETH	1.2 NAME	Milligan, William	
STREET ADDRESS	675 SW SALERNO RD.	1.3 STREET ADDRESS	700 SW Salerno Rd	
CITY-ST-ZIP	STUART FL 34997	1.4 CITY-ST-ZIP	Stuart FL 34997	
TITLE	CD	2.1 TITLE		☐ Change ☐ Addition
NAME	O'BRIEN, JILL	2.2 NAME		
STREET ADDRESS	725 SW SALERON RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	SAWYER, JOSEPH	3.2 NAME		
STREET ADDRESS	650 SW SALERNO RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	MILLIGAN, WILLIAM	4.2 NAME	Hartman, Doris	
STREET ADDRESS	700 SW SALERNO RD	4.3 STREET ADDRESS	675 SW Salerno Rd	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	Stuart FL 34997	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	FLECK, BEATRIX	5.2 NAME		
STREET ADDRESS	805 SW SALERNO RD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, ROSA	6.2 NAME		
STREET ADDRESS	820 SW SALERNO RD	6.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Joseph O. Sawyer Joseph O. Sawyer 4/18/95 (407) 220-3445
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0070788