

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
01/24/1962

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAWYER, JOSEPH
650 SW SALERNO RD.
STUART FL 34997**

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

TITLE **VD** ☐ DELETE
NAME **HARTMAN, KENNETH**
STREET ADDRESS **675 SW SALERNO RD.**
CITY-ST-ZIP **STUART FL 34997**

TITLE **CD** ☐ DELETE
NAME **O'BRIEN, JILL**
STREET ADDRESS **725 SW SALERON RD**
CITY-ST-ZIP **STUART FL**

TITLE **TD** ☐ DELETE
NAME **SAWYER, JOSEPH**
STREET ADDRESS **650 SW SALERNO RD.**
CITY-ST-ZIP **STUART FL 34997**

TITLE **SD** ☐ DELETE
NAME **MILLIGAN, WILLIAM**
STREET ADDRESS **700 SW SALERNO RD**
CITY-ST-ZIP **STUART FL**

TITLE **D** ☐ DELETE
NAME **FLECK, BEATRIX**
STREET ADDRESS **805 SW SALERNO RD.**
CITY-ST-ZIP **STUART FL 34997**

TITLE **D** ☐ DELETE
NAME **PHILLIPS, ROSA**
STREET ADDRESS **820 SW SALERNO RD**
CITY-ST-ZIP **STUART FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **VD** ☒ Change ☐ Addition
12 NAME **Lustick, June**
13 STREET ADDRESS **830 SW Salerno Rd**
14 CITY-ST-ZIP **Stuart, FL 34997**

21 TITLE **CD** ☒ Change ☐ Addition
22 NAME **Sawyer, Joseph O.**
23 STREET ADDRESS **650 SW Salerno Rd**
24 CITY-ST-ZIP **Stuart FL 34997**

31 TITLE **TD** ☒ Change ☐ Addition
32 NAME **Horvath, Jay**
33 STREET ADDRESS **534 SW Salerno Rd**
34 CITY-ST-ZIP **Stuart FL 34997**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE **D** ☒ Change ☐ Addition
52 NAME **Hartman, Doris**
53 STREET ADDRESS **675 SW Salerno Rd**
54 CITY-ST-ZIP **Stuart FL 34997**

61 TITLE **D** ☒ Change ☐ Addition
62 NAME **Larsson, William**
63 STREET ADDRESS **750 SW Salerno Rd**
64 CITY-ST-ZIP **Stuart FL 34997**

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

4-15-96

Date

(407) 220-3445

Daytime Phone #

CR2E037 (12/95)