# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 24, 2005 8:00 am**
**Secretary of State**
02-24-2005 90041 042 ****61.25

DOCUMENT # N04000010661

1. Entity Name
STUART AREA ALUMNAE PANHELLENIC ASSOC, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 984 S.E. WILLOUGHBY TRACE<br>STUART, FL 34997 | 984 S.E. WILLOUGHBY TRACE<br>STUART, FL 34997 |

02122005 Chg-NP CR2E037 (10/03)

| 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 ☐ 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 |
|---|---|
| LAY, JUDY<br>984 S.E. WILLOUGHBY TRACE<br>STUART, FL 34997 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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

**Filing Fee is $61.25**
**Due by May 1, 2005**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>WOODS, SARAH<br>32 CASTLE HILLWAY<br>STUART, FL 34996 | ☒ Delete | PD<br>Laura Whiteman<br>5094 S.E. Inkwood Way<br>Hobe Sound, Fl. 33455 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>ROEGIERS, SALLY<br>2507 S.W. EGRET POND CIRCLE<br>PALM CITY, FL 34990 | ☒ Delete | VD<br>Mary Jane DuCoin<br>2187 N.W. Pine Lake Dr.<br>Stuart, Fl. 34994 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>SLOANE, SUSAN<br>1115 S. RIVERSIDE DRIVE<br>STUART, FL 34996 | ☒ Delete | SD<br>Jill MacDonald<br>1503 Buttonbush Circle<br>Palm City, Fl. 34990 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MCADAMS, DIANE<br>1509 S.E. LARK BLVD.<br>STUART, FL 34996 | ☐ Delete | T<br>Judy Lay<br>984 S.E. Willoughby Trace<br>Stuart, Fl. 34997 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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:** Judy Lay Judy Lay - Treasurer 2/21/05 (772) 692-2919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #