

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90076 006 \*\*\*\*61.25

**DOCUMENT # 703505**

1. Entity Name  
**ST. LUCIE SETTLEMENT, INC.**



Principal Place of Business  
**510 SW SALERNO RD  
STUART, FL 34997**

Mailing Address  
**510 SW SALERNO RD  
STUART, FL 34997**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252005

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-1892296**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**STRICKLAND, GERALD  
695 S.W. SALERNO ROAD  
STUART, FL 34997**

7. Name and Address of New Registered Agent

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 fee 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

TITLE **D** ☒ Delete  
NAME **ENDRISS, JEFF**  
STREET ADDRESS **650 SW SALERNO ROAD**  
CITY-ST-ZIP **STUART, FL 34997**

TITLE **TD** ☐ Delete  
NAME **GRANDONE, JEFF**  
STREET ADDRESS **675 SW SALERNO ROAD**  
CITY-ST-ZIP **STUART, FL 34997**

TITLE **D** ☒ Delete  
NAME **MAGRILL, BENJAMIN**  
STREET ADDRESS **685 SW SALERNO ROAD**  
CITY-ST-ZIP **STUART, FL 34997**

TITLE **D** ☐ Delete  
NAME **BURDICK, NANCY**  
STREET ADDRESS **450 SW SALERNO RD**  
CITY-ST-ZIP **STUART, FL 34997**

TITLE **D** ☒ Delete  
NAME **ROATZ, THOMAS**  
STREET ADDRESS **790 SW SALERNO RD**  
CITY-ST-ZIP **STUART, FL 34997**

TITLE **D** ☒ Delete  
NAME **ROJAS, BILL**  
STREET ADDRESS **715 SW SALERNO RD**  
CITY-ST-ZIP **STUART, FL 34997**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☒ Change ☐ Addition  
NAME **FRAN SPRAGUE**  
STREET ADDRESS **840 SW SALERNO RD.**  
CITY-ST-ZIP **STUART, FL 34997**

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

TITLE **C** ☒ Change ☐ Addition  
NAME **NADJA NEVILLE**  
STREET ADDRESS **490 SW SALERNO RD**  
CITY-ST-ZIP **STUART, FL 34997**

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

TITLE **S** ☒ Change ☐ Addition  
NAME **JOANNE REETZ**  
STREET ADDRESS **790 SW SALERNO RD**  
CITY-ST-ZIP **STUART, FL 34997**

TITLE **T** ☒ Change ☐ Addition  
NAME **BRENDA DALY**  
STREET ADDRESS **534 SW SALERNO RD.**  
CITY-ST-ZIP **STUART, FL 34997**

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: **Brenda Daly** **BRENDA DALY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-28-05** **772-286-4604**  
Date Daytime Phone #