## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000004245

FILED Jan 19, 2009 Secretary of State

Entity Name: FORT PIERCE SOUTH BEACH PROPERTY OWNERS AND BUSINESS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1707 RIO VISTA DRIVE FORT PIERCE, FL 34949 **Current Mailing Address: New Mailing Address:** 1707 RIO VISTA DRIVE FORT PIERCE, FL 34949 FEI Number: 65-1021431 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MUSHIER, CAROLE L 1707 RIO VISTA DRIVE FORT PIERCE, FL 34949 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MUSHIER, CAROLE L Name: Name: 1707 RIO VISTA DRIVE Address: Address: City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: Title: VSD ( ) Delete Title: VSD (X) Change ( ) Addition FRUTH, WALTER Name: FAUTH, WALTER Name: Address: 1906 RIO VISTA DR Address: 1906 RIO VISTA DR City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: FORT PIERCE, FL 34949 Title: () Delete Title: () Change () Addition DESBOROUGH, PAUL Name: Name: Address: 2400 S OCEAN DR Address: City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: Title: Title: () Change () Addition ( ) Delete Name: MCCLURE, KATHERINE Name: Address: 1177 BAYSHORE DR 205 Address: City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition EMORY, EILEEN M PECK, ARDEN Name: Name: 91 S POINT DR 1707 RIO VISTA DRIVE Address: Address: City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: FORT PIERCE, FL 34949 Title: () Delete Title: (X) Change ( ) Addition MONT, MICHAEL MONTI, MICHAEL Name: Name: Address: 1320 BAYSHORE DR Address: 1320 BAYSHORE DR FORT PIERCE, FL 34949 FORT PIERCE, FL 34949 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE L. MUSHIER PD 01/19/2009