

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 703505

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

**Current Principal Place of Business:**

510 SW SALERNO RD  
STUART, FL 34997

**Current Mailing Address:**

510 SW SALERNO RD  
STUART, FL 34997

**FEI Number:** 59-1892296

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPRAGUE, JOHN  
510 SW SALERNO RD  
STUART, FL 34997 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:** JOHN SPRAGUE

03/11/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name DUNWORTH, EDWINA  
Address 510 SW SALERNO RD  
City-State-Zip: STUART FL 34997

Title TREASURER  
Name HORVATH, JAY  
Address 510 SW SALERNO RD  
City-State-Zip: STUART FL 34997

Title DIRECTOR  
Name POLTORAK, RON  
Address 510 SW SALERNO RD  
City-State-Zip: STUART FL 34997

Title VC  
Name ENDRISS, JEFF  
Address 510 SW SALERNO RD  
City-State-Zip: STUART FL 34997

Title SECRETARY  
Name CASTON, GAIL  
Address 510 SW SALERNO RD  
City-State-Zip: STUART FL 34997

Title DIRECTOR  
Name PURDY, DALE  
Address 510 SW SALERNO RD  
City-State-Zip: STUART FL 34997

Title CHAIRMAN  
Name SPRAGUE, JOHN  
Address 510 SW SALERNO RD  
City-State-Zip: STUART FL 34997

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN SPRAGUE

CHAIRMAN

03/11/2017

Electronic Signature of Signing Officer/Director Detail

Date