

2015 FLORIDA NOT FOR PROFIT CORPORATION 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:**PURDY, DALE
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	O
Name	DUNWORTH, EDWINA
Address	625 SW SALERNO RD
City-State-Zip:	STUART FL 34997

Title	T
Name	PURDY, DALE
Address	655 S W SALERNO RD
City-State-Zip:	STUART FL 34997

Title	O
Name	WATSON, DAVID
Address	750 SW SALERNO RD
City-State-Zip:	STUART FL 34997

Title	OFFICER
Name	ENDRISS, JEFF
Address	595 SW SALERNO RD
City-State-Zip:	STUART FL 34997

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

Title	SECRETARY
Name	CASTON, GAYLE
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: DALE K PURDY**TREASURER****01/15/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date