

2017 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:**ALLEN, MARK
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:** MARK P. ALLEN

01/22/2017

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 ALLEN, MARK PHILLIP
Address 510 SW SALERNO RD
City-State-Zip: STUART FL 34997

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

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

Title DIRECTOR
Name KIKER, BARBEE
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: MARK P ALLEN

TREASURER

01/22/2017

Electronic Signature of Signing Officer/Director Detail

Date