

**2016 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

04/03/2016

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

04/03/2016

Electronic Signature of Signing Officer/Director Detail

Date