

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004245

**Entity Name:** FORT PIERCE SOUTH BEACH PROPERTY OWNERS AND BUSINESS ASSOCIATION, INC.**FILED**  
**Feb 16, 2013**  
**Secretary of State**  
**CC4355920922****Current Principal Place of Business:**1707 RIO VISTA DRIVE  
FORT PIERCE, FL 34949**Current Mailing Address:**1707 RIO VISTA DRIVE  
FORT PIERCE, FL 34949**FEI Number: 65-1021431****Certificate of Status Desired: No****Name and Address of Current 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**Officer/Director Detail :**Title PD  
Name MUSHIER, CAROLE L  
Address 1707 RIO VISTA DRIVE  
City-State-Zip: FORT PIERCE FL 34949Title DVP  
Name COKE, CHRISTINE  
Address GRANADA STREET  
City-State-Zip: FORT PIERCE FL 34949Title TD  
Name DESBOROUGH, PAUL  
Address 2400 S OCEAN DR  
City-State-Zip: FORT PIERCE FL 34949Title D  
Name MCCLURE, KATHERINE  
Address 1177 BAYSHORE DR 205  
City-State-Zip: FORT PIERCE FL 34949Title D  
Name PECK, ARDEN  
Address 1707 RIO VISTA DRIVE  
City-State-Zip: FORT PIERCE FL 34949Title D  
Name MONTI, MICHAEL  
Address 1320 BAYSHORE DR  
City-State-Zip: FORT PIERCE FL 34949

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: CAROLE L. MUSHIER****PRESIDENT****02/16/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date