

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004245

Entity Name: FORT PIERCE SOUTH BEACH PROPERTY OWNERS AND
BUSINESS ASSOCIATION, INC.**FILED**
Feb 17, 2014
Secretary of State
CC2245668220**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 TD
Name DESBOROUGH, PAUL
Address 2400 S OCEAN DR
City-State-Zip: FORT PIERCE FL 34949Title D
Name PECK, ARDEN
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 D
Name MCCLURE, KATHERINE
Address 1177 BAYSHORE DR 205
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****02/17/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date