

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11283

**Entity Name:** CONSERVATION ALLIANCE OF ST. LUCIE COUNTY, INC.

**Current Principal Place of Business:**

2402 SE BURTON STREET  
PORT ST LUCIE, FL 34952-7209

**Current Mailing Address:**

P O BOX 12515  
FORT PIERCE, FL 34979 US

**FEI Number:** 59-2461819

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PAUL, SHERYL A  
6016 INDRIIO ROAD  
#1  
FORT PIERCE, FL 34951 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:** SHERYL A PAUL

04/04/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ANKER, SHARI  
Address        2402 SE BURTON STREET  
City-State-Zip: PORT ST LUCIE FL 34952-7209

Title            SECRETARY, TREASURER  
Name            PAUL, SHERYL A  
Address        6016 INDRIIO RD #1  
City-State-Zip: FORT PIERCE FL 34951

Title            VP  
Name            GIBSON, BILLY L  
Address        4686 SW JOFFRE ST  
City-State-Zip: PORT ST LUCIE FL 34953

Title            DIRECTOR  
Name            SCOTTO, LIBERTA  
Address        9460 MEADOWOOD DR.  
                  #101  
City-State-Zip: FT PIERCE FL 34951

Title            DIRECTOR  
Name            GRANDE, CHARLES  
Address        9950 OUTH OCEAN DRIVE  
                  #705  
City-State-Zip: JENSEN BEACH FL 34957

Title            DIRECTOR  
Name            GILMORE, GRANT DR.  
Address        5920 1ST ST SW  
City-State-Zip: VERO BEACH FL 32968-9531

Title            DIRECTOR  
Name            VITUNAC, CHARLES  
Address        2605 MOCKINGBIRD LANE  
City-State-Zip: VERO BEACH FL 32963

*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:** SHERYL A. PAUL

**SECRETARY/TREASURER** 04/04/2016

Electronic Signature of Signing Officer/Director Detail

Date