

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33208

Entity Name: SOUTH FORK ESTATES PROPERTY OWNERS' ASSOCIATION, INC.**FILED**
Mar 05, 2014
Secretary of State
CC2779176507**Current Principal Place of Business:**543 LAKE WHITNEY PLACE
SUITE 101
PORT SAINT LUCIE, FL 34986**Current Mailing Address:**543 LAKE WHITNEY PLACE
SUITE 101
PORT SAINT LUCIE, FL 34986 US**FEI Number: 65-0272128****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ROSS EARLE & BONAN, P.C.
789 S FEDERAL HIGHWAY, SUITE 101
STUART, FL 34994 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	DIRECTOR
Name	CLARCK, MICHELLE
Address	543 LAKE WHITNEY PLACE SUITE 101
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	D
Name	MARTIN, JUDY
Address	543 LAKE WHITNEY PLACE SUITE 101
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	VP
Name	BEEMAN, MARTHA
Address	543 LAKE WHITNEY PLACE SUITE 101
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	PRESIDENT
Name	BRADA, PETER
Address	543 LAKE WHITNEY PLACE SUITE 101
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	DS
Name	HINSON, MICHELE
Address	543 LAKE WHITNEY PLACE SUITE 101
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	DTR
Name	OVERBYE, ERIKA
Address	543 LAKE WHITNEY PLACE SUITE 101
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	DIRECTOR
Name	INGRAM, JOY
Address	543 LAKE WHITNEY PLACE SUITE 101
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	DIRECTOR
Name	INGRAM, BILL
Address	543 LAKE WHITNEY PLACE SUITE 101
City-State-Zip:	PORT SAINT LUCIE FL 34986

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: PETER BRADA**PRESIDENT****03/05/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date