

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36869

**Entity Name:** PORT ST. LUCIE COMMUNITY BAND, INC.

**Current Principal Place of Business:**

9762 SW. GLENBROOK DR.  
PORT ST. LUCIE, FL 34987

**Current Mailing Address:**

PO BOX 880783  
PORT ST. LUCIE, FL 34988 US

**FEI Number:** 65-0264161

**Certificate of Status Desired:** No

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

NELSON, MELISSA  
C/O MELISSA NELSON  
1925 COPENHAVER RD  
FORT PIERCE, FL 34945 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:** MELISSA NELSON

04/30/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name JOANN, KINDER  
Address 1719 SE TIFFANY CLUB PLACE  
City-State-Zip: PORT ST. LUCIE FL 34952

Title VP  
Name MELISSA, NELSON  
Address 1925 COPENHAVER RD  
City-State-Zip: FORT PIERCE FL 34945

Title BOARD MEMBER  
Name LISA , LOWERY  
Address 3661 SW BONWOLD ST.  
City-State-Zip: PORT ST. LUCIE FL 34953

Title DIRECTOR  
Name KEVIN, DEGROAT  
Address 112 35TH SQUARE SW  
City-State-Zip: VERO BEACH FL 32968

Title PRESIDENT  
Name VAIDA, PATRICIA  
Address 9762 SW. GLENBROOK DR.  
City-State-Zip: PORT ST. LUCIE FL 34987

Title DIRECTOR  
Name KUGEL, RICH  
Address 2430 SE HILLARD RD  
City-State-Zip: PORT ST. LUCIE FL 34952

Title SECRETARY  
Name DON, VAN HARKEN  
Address 2101 SE ROUND TABLE DR  
City-State-Zip: PORT ST. LUCIE FL 34952

Title TREASURER  
Name WALTERS, GLENN  
Address 1576 SW HARBOR ISLES CIRCLE  
City-State-Zip: PORT ST. LUCIE FL 34986

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*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:** MELISSA NELSON

VICE PRESIDENT

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           KATZ, JACOB  
Address        825 GREEN LEAF CIRCLE  
City-State-Zip: VERO BEACH FL 32960