

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36869

**FILED**  
**Apr 15, 2017**  
**Secretary of State**  
**CC8125887712**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

04/15/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name NEIL , COMPTON  
Address 1011 SW BROMELIA TERRACE  
City-State-Zip: STUART FL 34997

Title BOARD MEMBER  
Name BATTISTA, DIANE  
Address 3320 CRABAPPLE DR.  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title BOARD MEMBER  
Name VAN HARKEN, DONALD R  
Address 2101 SE ROUND TABLE DRIVE  
City-State-Zip: PORT ST. LUCIE FL 34952

Title TREASURER  
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 JANES, RICHARD  
Address 516 TANES BLUFF RIDGE  
City-State-Zip: FORT PIERCE FL 34982

**Continues on page 2**

*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

TREASURER

04/15/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name REYNNELLS, LAWRENCE  
Address 1577 NE NAUTICAL PLACE  
108  
City-State-Zip: JENSEN BEACH FL 34957