

2024 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:

KUGEL, FRANCES A
C/O FRANCES A KUGEL
2430 SE HILLARD RD
PORT ST LUCIE, FL 34952 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: FRANCES A. KUGEL

02/05/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title DIRECTOR
Name AUSTIN, MARK
Address 2514 AVENUE F
City-State-Zip: PORT ST LUCIE FL 34947

Title DIRECTOR
Name TRACY, MARIS
Address 2206 MARINER BAY BLVD
City-State-Zip: FORT PIERCE FL 34949

Title SECRETARY
Name DAWDY, RYAN
Address 10972 SW DUNHILL CT
City-State-Zip: PORT ST LUCIE FL 34987

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

Title DIRECTOR
Name LOWREY, LISA
Address 3661 SW BONWOLD ST
City-State-Zip: PORT ST LUCIE FL 34953

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: FRANCES KUGEL

TREASURER

02/05/2024

Electronic Signature of Signing Officer/Director Detail

Date