

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36869

Entity Name: PORT ST. LUCIE COMMUNITY BAND, INC.**Current Principal Place of Business:**C/O SUSAN SHARP
8205 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34892**Current Mailing Address:**C/O SUSAN SHARP
8205 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34892 US**FEI Number:** 65-0264161**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHARP, SUSAN L
8205 S. INDIAN RIVER DRIVE
FORT PIERCE, FL 34982 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 P
Name TORICK, KATE
Address 2051 SW LANCE AVENUE
City-State-Zip: PORT SAINT LUCIE FL 34953

Title VP
Name STERN, NAT
Address 1061 NETTLES BLVD.
City-State-Zip: JENSEN BEACH FL 34957

Title T
Name SHARP, SUSAN L
Address 8205 S. INDIAN RIVER DRIVE
City-State-Zip: FORT PIERCE FL 34982

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

Title D
Name DICESARE, PAT
Address 2432 BORDEAU CT.
City-State-Zip: PORT ST. LUCIE FL 34952

Title D
Name COMPTON, NEIL H
Address 1011 SW BROMELIA TERRACE
City-State-Zip: STUART FL 34947

Title D
Name ZALBEN, JERRY
Address P O BOX 1863
City-State-Zip: PALM CITY FL 34991

Title D
Name ISENHOWER, AMY
Address 1327 SW CEDAR COVE
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: SUSAN SHARP**TREASURER****04/21/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	D
Name	TORICK, STEVE
Address	2051 SW LANCE AVE
City-State-Zip:	PORT ST LUCIE FL 34953