

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N36869

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

**FILED**  
**Oct 02, 2013**  
**Secretary of State**  
**CC2253035122**

**Current Principal Place of Business:**

C/O HAROLD KYLE GREENE  
484 SW DEER RUN  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

C/O HAROLD KYLE GREENE  
484 SW DEER RUN  
PORT SAINT LUCIE, FL 34953 US

**FEI Number: 65-0264161**

**Certificate of Status Desired: No**

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

GREENE, HAROLD K  
C/O HAROLD KYLE GREENE  
484 SW DEER RUN  
PORT SAINT LUCIE, FL 34953 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: HAROLD KYLE GREENE**

**10/02/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WESSBECHER, KATHRYN  
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 GREENE, HAROLD K  
Address 484 SW DEER RUN  
City-State-Zip: PORT SAINT LUCIE FL 34953

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: HAROLD KYLE GREENE**

**TREASURER**

**10/02/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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