

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G24306

**Entity Name:** ST. LUCIE RIVER MANAGEMENT, INC.**Current Principal Place of Business:**ONE NORTH CLEMATIS ST  
SUITE 200  
WEST PALM BEACH, FL 33401**Current Mailing Address:**ONE NORTH CLEMATIS ST  
SUITE 200  
WEST PALM BEACH, FL 33401 US**FEI Number:** 59-2268074**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TABERNILLA, ARMANDO A  
ONE NORTH CLEMATIS STREET  
SUITE 200  
WEST PALM BEACH, FL 33401 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	DPS
Name	FANJUL, ALFONSO
Address	ONE NORTH CLEMATIS ST SUITE 200
City-State-Zip:	WEST PALM BEACH FL 33401

Title	DEV
Name	FANJUL, JOSE
Address	ONE NORTH CLEMATIS ST SUITE 200
City-State-Zip:	WEST PALM BEACH FL 33401

Title	VAS
Name	TABERNILLA, ARMANDO A.
Address	ONE NORTH CLEMATIS ST SUITE 200
City-State-Zip:	WEST PALM BEACH FL 33401

Title	SVP
Name	BLOMQVIST, ERIK J.
Address	ONE NORTH CLEMATIS ST SUITE 200
City-State-Zip:	WEST PALM BEACH FL 33401

Title	VP, FINANCE & TREASURER
Name	LONDONO, ALEJANDRO
Address	ONE NORTH CLEMATIS ST SUITE 200
City-State-Zip:	WEST PALM BEACH FL 33401

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ARMANDO A. TABERNILLA**REGISTERED AGENT****05/11/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date