

**2024 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 F.  
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

VAS

04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date