

2018 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

VAS

04/02/2018

Electronic Signature of Signing Officer/Director Detail_____
Date