

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-09-2007 90047 034 ****61.25

DOCUMENT # 703505 1. Entity Name ST. LUCIE SETTLEMENT, INC.					
Principal Place of Business 510 SW SALERNO RD STUART FL 34997			Mailing Address 510 SW SALERNO RD STUART FL 34997		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1892296	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STRICKLAND, GERALD 695 S.W. SALERNO ROAD STUART FL 34997				7. Name and Address of New Registered Agent Name ROJAS, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 715 SW SALERNO RD. City STUART State FL Zip Code 34997	
8. 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. I am familiar with, and accept the obligations of registration agent. * SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SPRAGUE, FRAN 840 S W SALERNO RD STUART FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PURDY, DALE 655 SW SALERNO RD STUART, FL 34997	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GRANDONE, JEFF 675 SW SALERNO ROAD STUART FL 34997	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAMES DANWORTH 625 SW SALERNO RD. STUART, FL 34997	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C NEVILLE, NADJA 490 S W SALERNO RD STUART FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAME	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROJAS, WILLIAM 715 SW SALERNO RD STUART FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	C SAME	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CASTON, GAYLE 810 SW SALERNO RD STUART FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DALY, BRENDA 534 S W SALERNO RD STUART FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attached report with an address, with all other like empowered.					
SIGNATURE: WILLIAM, ROJAS 4-20-2007 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					