


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-03-2006 90120 010 ****61.25

DOCUMENT # 730757 1. Entity Name MARTIN-ST. LUCIE CHAPTER OF S.P.E.B.S.Q.S.A., INC.						
Principal Place of Business RIO CIVIC CENTER 1225 NE DIXIE HWY (707) RIO FL 34957 US			Mailing Address 1701 SE BALMORAL CT. PORT SAINT LUCIE FL 34952 US			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 65-0437461		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
VAN ALLEN, STEPHEN E. 1701 SE BALMORAL CT PORT SAINT LUCIE FL 34952-4136				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
				City		
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>DATE</small>						
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 P	NAME KOUNS, RICHARD		<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT	NAME JOHN VANDE MARK	
STREET ADDRESS 400 NORTH A1A JUPITER RIVER PK LOT 97	CITY- ST- ZIP JUPITER FL 33477			STREET ADDRESS 1707 S.E. HONDO AVE	CITY- ST- ZIP PORT ST. LUCIE, FL 34952	
TITLE S	NAME CASEY, EDWARD		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 348 EUROPEAN LANE	CITY- ST- ZIP FORT PIERCE FL 34982-3929			STREET ADDRESS	CITY- ST- ZIP	
TITLE VP	NAME FELIMAN, ARNOLD		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 400 NORTH A1A, #20	CITY- ST- ZIP JUPITER FL 33477			STREET ADDRESS	CITY- ST- ZIP	
TITLE TD	NAME VAN ALLEN, STEPHEN		<input checked="" type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 1701 SE BALMORAL CT.	CITY- ST- ZIP PORT SAINT LUCIE FL 34952			STREET ADDRESS	CITY- ST- ZIP	
TITLE BM	NAME VALENTI, FRANCIS		<input checked="" type="checkbox"/> Delete	TITLE VICE PRESIDENT	NAME GERALD BRUMM	
STREET ADDRESS 1474 NW COCONUT POINT LANE	CITY- ST- ZIP STUART FL 34994			STREET ADDRESS 2066 S.E. STONE BRIAR WAY	CITY- ST- ZIP STUART, FL 34997	
TITLE BM	NAME ELLEN BERGER, RICHARD F		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 19670 BEACH RD PHC -2	CITY- ST- ZIP JUPITER FL 33469			STREET ADDRESS	CITY- ST- ZIP	
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 attachment with an address, with all other like empowered.						
SIGNATURE: <u>Stephen E. Van Allen</u> STEPHEN E. VAN ALLEN 03/13/06 772-355-7325 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date Daytime Phone #</small>						



ATTACHMENT

66005370

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2006

MARTIN-ST. LUCIE CHAPTER OF S.P.E.B.S.Q.S.A., INC.
1701 SE BALMORAL CT.
PORT SAINT LUCIE, FL 34952 US

Subject: MARTIN-ST. LUCIE CHAPTER OF S.P.E.B.S.Q.S.A., INC.

Reference Number: 730757

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION