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FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741205 (9)

1. Corporation Name

ST. LUCIE ASSOCIATION OF REALTORS, INC.

Principal Place of Business

4973 SOUTH U.S. 1
FORT PIERCE FL 34982-7011

Mailing Address

4973 SOUTH U.S. 1
FORT PIERCE FL 34982-70113. Date Incorporated or Qualified
12/21/19773a. Date of Last Report
06/27/1996

2. Principal Place of Business

21 4600 OLEANDER AVE

2a. Mailing Address

26 4600 OLEANDER AVE

4. FEI Number

59-1795822

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

City & State

23 FORT PIERCE, FL

City & State

27 FORT PIERCE, FL

6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

Zip

24 34982

Country

25 ST LUCIE

Zip

29 34982

Country

30 ST LUCIE

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHERRARD, JOHN
34 EAST FIFTH STREET
STUART FL 34994

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SOLON, KELVIN	
STREET ADDRESS	7270 S V S 1	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	COLE, DOROTHY	
STREET ADDRESS	1420 ST LUCIE WEST BLVD STE 101	
CITY-ST-ZIP	HUTCHINSON ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUYENDYK, LINDA	
STREET ADDRESS	7270 S. US 1	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MEALY, GARY	
STREET ADDRESS	7410 S US1 STE 100	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	PED	<input checked="" type="checkbox"/> DELETE
NAME	GIBBINS, EUGENE	
STREET ADDRESS	258 SW BRIDGEPORT DRIVE	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	PANDILIDIS, DAVID A	
STREET ADDRESS	4973 S US 1	
CITY-ST-ZIP	FT. PIERCE FL	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Eugene Gibbins	
1.3 STREET ADDRESS	258 SW Bridgeport Dr	
1.4 CITY-ST-ZIP	Port St. Lucie, FL	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mickey Bradley	
2.3 STREET ADDRESS	1682 SE Mistletoe St	
2.4 CITY-ST-ZIP	Port St. Lucie, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Debra Swanson	
3.3 STREET ADDRESS	2042 SE Hanford Rd	
3.4 CITY-ST-ZIP	Port St Lucie FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dorothy Cole	
4.3 STREET ADDRESS	1420 St Lucie West Blvd Ste 101	
4.4 CITY-ST-ZIP	Port St Lucie FL 34986	
5.1 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Nancy Macaluso	
5.3 STREET ADDRESS	9492 Bloonfield Dr	
5.4 CITY-ST-ZIP	Palm Beach Gardn, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Gary Mealy	
6.3 STREET ADDRESS	7410 S US 1 Ste 100	
6.4 CITY-ST-ZIP	Port St Lucie FL	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy Macaluso, Assn. Exec. OFFICER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-97

561-465-6080

Date

Daytime Phone # 0071557

CR2E037 (9/96)