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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741205** (9)

1. Corporation Name

ST. LUCIE ASSOCIATION OF REALTORS, INC.



Principal Place of Business	Mailing Address
4800 OLDEANDER AVE. PORT PIERCE FL 34982 US	4800 OLEANDER AVE. FORT PIERCE FL 34982 US

3. Date Incorporated or Qualified

12/21/1977

4. FEI Number

59-1795822

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHERARD, JOHN
34 EAST FIFTH STREET
STUART FL 34984**

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GIBBINS, EUGENE	
STREET ADDRESS	258 S.W. BRIDGEPORT DR.	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRADLEY, MICKEY	
STREET ADDRESS	1682 S.E. MISTLETOE ST.	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SWANSON, DEBRA	
STREET ADDRESS	2042 S.E. HANFORD RD.	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLE, DOROTHY	
STREET ADDRESS	1420 ST. LUCIE WEST BLVD., SUITE 101	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	MACALUSO, NANCY	
STREET ADDRESS	9492 BLOOMFIELD DRIVE	
CITY-ST-ZIP	PLAM BEACH GARDENS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEALY, GARY	
STREET ADDRESS	7410 S. US 1, SUITE 100	
CITY-ST-ZIP	PORT ST. LUCIE FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Kirk Young	
806 Shore Winds Dr	
Ft Pierce, FL 34949	
D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Todd L. Finlayson	
626 NE Emerson St	
Port St Lucie FL 34983	
D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Ken Maynard	
1504 Cortez Blvd	
Ft Pierce, FL 34982	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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

1/21/98

561-465-6080

CR2E037 (10/97)