

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90077 041 ****61.25

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DOCUMENT # 741205

1. Corporation Name

ST. LUCIE ASSOCIATION OF REALTORS, INC.

Principal Place of Business

4600 OLDEANDER AVE.
PORT PIERCE FL 34982
US

Mailing Address

4600 OLEANDER AVE.
FORT PIERCE FL 34982
US



2. Principal Place of Business

21 4972 South 25th Street

Suite, Apt. #, etc.

22

City & State
23 Fort Pierce, FL

Zip

24 34981

Country

25 St Lucie

2a. Mailing Address

26 4972 South 25th Street

Suite, Apt. #, etc.

27

City & State
28 Fort Pierce, FL

Zip

29 34981

Country

30 St Lucie

3. Date Incorporated or Qualified

12/21/1977

4. FEI Number

59-1795822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SHERRARD, JOHN
34 EAST FIFTH STREET
STUART FL 34994

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME YOUNG, KIRK
STREET ADDRESS 806 SHORE WINDS DR
CITY-ST-ZIP FT PIERCE FL 34949

TITLE D ☐ DELETE

NAME BRADLEY, MICKEY
STREET ADDRESS 1682 S.E. MISTLETOE ST.
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE D ☐ DELETE

NAME FINLAYSON, TODD L
STREET ADDRESS 626 NE EMERSON ST
CITY-ST-ZIP PORT ST LUCIE FL 34983

TITLE D ☐ DELETE

NAME MAYNARD, KEN
STREET ADDRESS 1504 CORTEZ BLVD
CITY-ST-ZIP FT PIERCE FL 34982

TITLE M ☐ DELETE

NAME MACALUSO, NANCY
STREET ADDRESS 9492 BLOOMFIELD DRIVE
CITY-ST-ZIP PLAM BEACH GARDENS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-99

Date

561-465-6080

Daytime Phone #

CR2E037 (11/98)