

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741205

FILED
Mar 30, 2004
Secretary of State

Entity Name: ST. LUCIE ASSOCIATION OF REALTORS, INC.

Current Principal Place of Business:

4972 SOUTH 25TH STREET
PORT PIERCE, FL 34981 US

New Principal Place of Business:

4972 SOUTH 25TH STREET
FORT PIERCE, FL 34981 US

Current Mailing Address:

4972 SOUTH 25TH STREET
PORT PIERCE, FL 34981 US

New Mailing Address:

FEI Number: 59-1795822 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHERRARD, JOHN
34 EAST FIFTH STREET
STUART, FL 34994

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOWE, ROBERT
Address: 4949 NA1A #131
City-St-Zip: FORT PIERCE, FL 34949

Title: PED () Delete
Name: PAPPA, CARMEN R
Address: 9580 S. FEDERAL HWY
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: TD () Delete
Name: CORCORAN, KATHLEEN
Address: 1482 SE MANTH LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VSD () Delete
Name: KELLY-BROWN, SHARON
Address: 3146 SE OVERBROOK DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: M () Delete
Name: SWANSON, DEBRA L
Address: 2042 SOUTHEAST HANFORD ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA SWANSON

CEO

03/30/2004

Electronic Signature of Signing Officer or Director

Date