


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90045 030 ****70.00

DOCUMENT # 741205 1. Entity Name REALTORS ASSOCIATION OF ST. LUCIE, INC.																																																																																																																																																			
Principal Place of Business 4972 SOUTH 25TH STREET FORT PIERCE, FL 34981 US		Mailing Address 4972 SOUTH 25TH STREET PORT PIERCE, FL 34981 US																																																																																																																																																	
2. Principal Place of Business 6666 SUS#1 Suite, Apt. #, etc.		3. Mailing Address 6666 SUS#1 Suite, Apt. #, etc.																																																																																																																																																	
Suite 1 City & State		Suite 1 City & State																																																																																																																																																	
Port St Lucie, FL Zip Country		Port St Lucie, FL Zip Country																																																																																																																																																	
34952 St Lucie		34952 St Lucie																																																																																																																																																	
6. Name and Address of Current Registered Agent SHERRARD, JOHN 34 EAST FIFTH STREET STUART, FL 34994		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																																	
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 reinstating) DATE _____																																																																																																																																																			
Filing Fee is \$61.25 Due by May 1, 2005		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																																																																																																																																																			
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12. 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 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>Staci Ann Storms</u> 2-10-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date Daytime Phone #</small>																																																																																																																																																			