# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 25, 2008**
**Secretary of State**

DOCUMENT# 741205

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

**Current Principal Place of Business:**

6666 S. US HWY #1
SUITE 1
PORT SAINT LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

6666 S. US HWY #1
SUITE 1
PORT SAINT LUCIE, FL 34952 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 US

**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: WETZEL, SHERYL
Address: 1186 S.E. CLIFTON LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VSD ( ) Delete
Name: RAMIREZ, JAMES
Address: P.O. BOX 882288
City-St-Zip: PORT ST LUCIE, FL 34988

Title: TD ( ) Delete
Name: LOWE, ROBERT
Address: 4949 N. A1A #131
City-St-Zip: FT. PIERCE, FL 34949

Title: PED ( ) Delete
Name: WINGFIELD, T. SCOTT
Address: 8812 FIRST TEE RD
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: CEO ( ) Delete
Name: STORMS, STACI A
Address: 1749 SE MARIANA RD
City-St-Zip: PORT SAINT LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: WINGFIELD, T. SCOTT
Address: 8109 CARNOUSTIE PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VSD (X) Change ( ) Addition
Name: WELLS, MARIA
Address: 312 WEST OCEAN BLVD.
City-St-Zip: STUART, FL 34994

Title: TD (X) Change ( ) Addition
Name: GAMBARDELLA, ANTHONY
Address: 8126 SARATOGA WAY
City-St-Zip: PORT ST LUCIE, FL 34986

Title: PED (X) Change ( ) Addition
Name: LOWE, CURTIS
Address: 458 EYERLY AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: STACI A. STORMS CEO 04/25/2008

Electronic Signature of Signing Officer or Director — Date