

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741205

FILED  
Mar 10, 2009  
Secretary of State

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: WINGFIELD, T. SCOTT  
Address: 8109 CARNOUSTIE PLACE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

Title: TD ( ) Delete  
Name: GAMBARDILLA, ANTHONY  
Address: 8126 SARATOGA WAY  
City-St-Zip: PORT ST LUCIE, FL 34986

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

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: LOWE, CURTIS  
Address: 458 EYERLY AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

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

Title: TD (X) Change ( ) Addition  
Name: RENNA, PATRICIA  
Address: 2659 SE MORNINGSIDE BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: PED (X) Change ( ) Addition  
Name: WELLS, MARIA  
Address: 955 SE FEDERAL HIGHWAY, S 102  
City-St-Zip: STUART, FL 34994

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

03/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date