

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741205

FILED
Jan 09, 2012
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 ()**

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
Name: RENNA, PATTY
Address: 2659 SE MORNINGSID BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: PE
Name: WONDERLING, DONN
Address: 3472 NW 128TH AVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: VP
Name: SLIVON, JOHN
Address: 4940 SW HAMMOCK CREEK DR
City-St-Zip: PALM CITY, FL 34990

Title: TD
Name: LOBRUTTO, WILLIAM
Address: 281 SE KASPAR DR
City-St-Zip: PORT ST LUCIE, FL 34983

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

Title: SD
Name: TAYLOR, SARAH
Address: 3221 SE QUAY ST
City-St-Zip: PORT ST LUCIE, FL 34984

I hereby 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 all other like empowered.

SIGNATURE: STACI STORMS

CEO

01/09/2012

Electronic Signature of Signing Officer or Director

Date