


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **748112** (0)

1. Corporation Name

**PORT ST. LUCIE ATHLETIC ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**113 SW EYERLY AV.  
P.O. BOX 8056  
PORT ST. LUCIE FL 34985**

**113 SW EYERLY AV.  
P.O. BOX 8056  
PORT ST. LUCIE FL 34985**

3. Date Incorporated or Qualified

**07/18/1979**

4. FEI Number

**59-2462937**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 342 NW FRUING ST**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 PO BOX 8056**

**27**

City & State

City & State

**23 PORT ST LUCIE FL**

**28**

Zip

Country

Zip

Country

**24 34985**

**25 ST LUCIE**

**29**

**30**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUDMAN, DEWEY W.  
113 SW EYERLY AV.  
PORT ST. LUCIE FL 34983**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOHAM, RUSS</b>	
STREET ADDRESS	<b>801 SE NEWHALL LN</b>	
CITY-ST-ZIP	<b>PT ST. LUCIE FL</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>FARRELL, DOUG</b>	
STREET ADDRESS	<b>2049 SW DRIFTWOOD ST</b>	
CITY-ST-ZIP	<b>PT ST LUCIE FL</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>HUDMAN, DEWEY</b>	
STREET ADDRESS	<b>113 S.W. EYERLY AVENUE</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>	

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WEISS, MIKE</b>	
STREET ADDRESS	<b>515 NW MARION AVE</b>	
CITY-ST-ZIP	<b>PT ST LUCIE FL</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>FARRELL, B.J.</b>	
STREET ADDRESS	<b>2049 SW DRIFTWOOD ST.</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34953</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WALLACE, RAEANN</b>	
STREET ADDRESS	<b>399 NE GRAN DEUR AVE</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>CHARLES C. HOLTON, JR</b>	
1.3 STREET ADDRESS	<b>3093 SE TREASURE ISLAND RD</b>	
1.4 CITY-ST-ZIP	<b>PORT ST LUCIE FL 34952</b>	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Dewey W. Hudman** (DEWEY W. HUDMAN TREAS 1-23-98 561-462-2802)

CR2E037 (10/97)