

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748112

FILED
Mar 15, 2011
Secretary of State

Entity Name: PORT ST. LUCIE ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

346 NW IRVING ST
PORT ST. LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

113 SW EYERLY AV.; PT ST LUCIE FL
P.O. BOX 13766
FORT PIERCE, FL 349793766 US

New Mailing Address:

FEI Number: 59-2462937 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HUDMAN, DEWEY W MR
113 SW EYERLY AV.
PORT ST. LUCIE, FL 349832527 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: SD
Name: MACDONALD, CHRISTINE MS
Address: 562 NW SALINA TER
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D
Name: LICHTENFELS, TAMMY
Address: 2991 SW VITTORIO ST
City-St-Zip: PORT ST LUCIE, FL 34953

Title: TD
Name: HUDMAN, DEWEY W MR
Address: 113 S.W. EYERLY AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: PD
Name: WALLACE, TODD MR
Address: 399 GRANDUER TER
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D
Name: NOWACKI, CHRISTA MS
Address: 362 SW KESTOR DR
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D
Name: WALLACE, RAEANN MS
Address: 399 NE GRAN DEUR AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

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: DEWEY HUDMAN

TD

03/15/2011

Electronic Signature of Signing Officer or Director

Date