FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 12:06

DOCUMENT # 749700 (1)

1. Corporation Name
PORT ST. LUCIE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 7771 PT ST LUCIE FL 34985-4771	P.O. BOX 7771 PT ST LUCIE FL 34985-4771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1979
3a. Date of Last Report: 03/17/1994
4. FEI Number: 58-9148602 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CROKE, CARROL
412 SW AILEEN ST.
PT. ST. LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name: JAMES F. FIELDING
82 Street Address (P.O. Box Number is Not Acceptable): 1629 SE NORTH BLACKWELL DRIVE
83
84 City: PORT ST. LUCIE FL 85 Zip Code: 34952

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: James F. Fielding JAMES F. FIELDING FEBRUARY 2, 1995
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	CROKE, EDWARD J	1.2 NAME	PRESIDENT
STREET ADDRESS	412 SW AILEEN ST.	1.3 STREET ADDRESS	JAMES F. FIELDING
CITY-ST-ZIP	PT ST. LUCIE FL	1.4 CITY-ST-ZIP	1629 SE NORTH BLACKWELL DRIVE PORT ST. LUCIE, FL 34952-6651
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	BAILEY, ED	2.2 NAME	
STREET ADDRESS	142 W CARIBBEAN	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	2.4 CITY-ST-ZIP	
TITLE	2VP	3.1 TITLE	☒ Change ☐ Addition
NAME	KNAPP, STEVE	3.2 NAME	DIRECTOR
STREET ADDRESS	1351 SE PALM BEACH RD	3.3 STREET ADDRESS	BAILEY, WILLIAM
CITY-ST-ZIP	PORT ST. LUCIE FL	3.4 CITY-ST-ZIP	539 SW HAMPTON COURT PORT ST. LUCIE, FL 34986-2024
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	STUDWELL, ART	4.2 NAME	
STREET ADDRESS	2418 SE WEST BLACKWELL DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MCFREDERICK, PAMELA	5.2 NAME	
STREET ADDRESS	2626 SE ERICKSON DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	LAMORE, KEVIN	6.2 NAME	DIRECTOR
STREET ADDRESS	242 SW CHERRY HILL RD.	6.3 STREET ADDRESS	WILLIAM BAILEY
CITY-ST-ZIP	PT. ST. LUCIE FL	6.4 CITY-ST-ZIP	539 SW HAMPTON COURT PORT ST. LUCIE FL 34986-2024

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: James F. Fielding JAMES F. FIELDING 2/2/95 (407) 335 - 3649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070341