

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **749700** (1)
1. Corporation Name
PORT ST. LUCIE HOMEOWNERS ASSOCIATION, INC.



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

Mailing Address
P.O. BOX 7771
PT ST LUCIE FL 34985-4771

3. Date Incorporated or Qualified
11/07/1979

3a. Date of Last Report
02/13/1995

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

FIELDING, JAMES F.
1629 SE NORTH BLACKWELL DRIVE
PT. ST. LUCIE FL 34952

81 Name
82 Street
83
84 City

PORT ST. LUCIE,

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 **James F. Fielding, President** *James F. Fielding* **3/1/96**
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 **P** ☒ DELETE
NAME **FIELDING, JAMES F.**
STREET ADDRESS **1629 SE NORTH BLACKWELL DRIVE**
CITY-ST-ZIP **PT. ST. LUCIE FL**

TITLE **V** ☐ DELETE
NAME **BAILEY, ED**
STREET ADDRESS **142 W CARIBBEAN**
CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE **D** ☐ DELETE
NAME **BAILEY, WILLIAM**
STREET ADDRESS **539 SW HAMPTON COURT**
CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE **D** ☐ DELETE
NAME **STUDWELL, ART**
STREET ADDRESS **2418 SE WEST BLACKWELL DR.**
CITY-ST-ZIP **PT. ST. LUCIE FL**

TITLE **D** ☒ DELETE
NAME **MCFREDERICK, PAMELA**
STREET ADDRESS **2626 SE ERICKSON DR**
CITY-ST-ZIP **PT. ST. LUCIE FL**

TITLE **D** ☒ DELETE
NAME **LAMORE, KEVIN**
STREET ADDRESS **242 SW CHERRY HILL RD.**
CITY-ST-ZIP **PT. ST. LUCIE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.11 **Secretary** ☐ Change ☒ Addition
1.12 **SWANSON, DEBRA L.**
1.13 **2042 HANFORD ROAD**
1.14 **PORT ST. LUCIE, FL 34952** ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **Director,** ☒ Addition
5.2 NAME **BAILEY, MRS. ROBERTA**
5.3 STREET ADD **P. O. BOX 9118**
5.4 CITY-ST-ZIP **PORT ST. LUCIE, FL 34985-9118**

6.1 TITLE **Treasurer** ☒ Addition
6.2 NAME **AUGUSTINE, HILTON**
6.3 STREET ADD **2430 TOLEDO AVENUE**
6.4 CITY-ST-ZIP **PORT ST. LUCIE, FL 34952**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not contain any false or misleading information. 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, 2/20/96 (407) 3353649**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)