


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90274 047 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 749700</b>					
1. Corporation Name <b>PORT ST. LUCIE HOMEOWNERS ASSOCIATION, INC.</b>					
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		



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		3. Date Incorporated or Qualified 11/07/1979 4. FEI Number 58-9148602 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent FIELDING, JAMES F. 1629 SE NORTH BLACKWELL DRIVE PT. ST. LUCIE FL 34952				10. Name and Address of New Registered Agent 81 Name <b>ED BAILEY</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>142 W. CARIBBEAN</b> 83 <b>PORT ST LUCIE, FLORIDA</b> 84 City <b>FL</b> 85 Zip Code <b>34952</b>			
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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 **ED BAILEY TREASURER** DATE **April 24, 1999**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CLEMENTS, MARTHA YORK		1.2 NAME				
STREET ADDRESS	4311 SE BRITTNEY CIR		1.3 STREET ADDRESS				
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		1.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BRAND, HELEN		3.2 NAME				
STREET ADDRESS	250 NE ST JAMES BLVD		3.3 STREET ADDRESS				
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LILLO, FRANK		4.2 NAME				
STREET ADDRESS	P.O BOX 8315 N/A		4.3 STREET ADDRESS				
CITY-ST-ZIP	PT. ST. LUCIE FL 34985		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BAILEY, ROBERTA		5.2 NAME				
STREET ADDRESS	P.O. BOX 9118 N/A		5.3 STREET ADDRESS				
CITY-ST-ZIP	PORT ST. LUCIE FL		5.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SOLET, PAUL		6.2 NAME				
STREET ADDRESS	2231 SE LUCAYA ST		6.3 STREET ADDRESS				
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		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, with all other like empowered.

SIGNATURE:

**ED BAILEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 April 1999 561 335-4609

Date

Daytime Phone #

CR2E037 (11/98)