

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90017 031 ****61.25

DOCUMENT # 754116

1. Entity Name
SAINT LUCIE ASSOCIATION, INC.



Principal Place of Business

451 S.W. RAVENSWOOD LN.
PT. ST. LUCIE, FL 34983-2080

Mailing Address

451 S.W. RAVENSWOOD LN.
PT. ST. LUCIE, FL 34983-2080

24020864



03032004 No Chg-NP

CR2E037 (10/03)

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4. FEI Number

59-2100807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ERRICO, VINCENT
1986 SW BEAUREGARD ST.
PORT SAINT LUCIE, FL 34953

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ED
NAME	JAMES COONEY
STREET ADDRESS	751 NE EMERSON ST
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TITLE	President
NAME	JERRY, SMITH
STREET ADDRESS	429 READING AVE Rd.
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TITLE	D
NAME	MATONEY, SEAN
STREET ADDRESS	1926 SW BEAREGARD ST.
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	Vice President
NAME	Robert KRASLUSKI
STREET ADDRESS	230 SW Volusia St.
CITY-ST-ZIP	PSL FL 34983
TITLE	Treasurer
NAME	George R. Dietz
STREET ADDRESS	166 NW Peach St
CITY-ST-ZIP	Port St. Lucie, FL 34983
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/04

Date

772-758-8660

Daytime Phone #