

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90196 045 ****61.25

DOCUMENT # 763529

1. Entity Name

ST. LUCIE BUILDING ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3601 S E OCEAN BLVD
STUART FL 34996-6737

3601 S E OCEAN BLVD
STUART FL 34996-6737

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2199907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAZMIER, TIMOTHY
2177 SE OCEAN BLVD
STUART FL 34996

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: PD ☐ Delete
NAME: DUTCHER, STEPHEN
STREET ADDRESS: 3601 SE OCEAN BOULEVARD
CITY- ST- ZIP: STUART FL 34996

TITLE: D ☐ Delete
NAME: FERRARO, RUSSELL J. J
STREET ADDRESS: 3601 S E OCEAN BLVD
CITY- ST- ZIP: STUART FL 34996

TITLE: VD ☐ Delete
NAME: FERRARO, FRANK A.
STREET ADDRESS: 3601 SE OCEAN BLVD.
CITY- ST- ZIP: STUART FL 34996

TITLE: STD ☐ Delete
NAME: WATSON, BOB
STREET ADDRESS: 3601 SE OCEAN BLVD
CITY- ST- ZIP: STUART FL 34996

TITLE: D ☐ Delete
NAME: GRANFIELD, STEWART
STREET ADDRESS: 3601 SE OCEAN BLVD
CITY- ST- ZIP: STUART FL 34996

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D ☒ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: PD ☒ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]

4/18/07