

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000002495

1. Corporation Name

ST. LUCIE WEST HOLDING CORP.

Principal Place of Business

**1740 SW ST LUCIE W BLVD
10 E 50TH ST 26TH FLR
PT ST LUCIE FL 34986
US**

Mailing Address

**1740 SW ST LUCIE W BLVD
10 E 50TH ST 26TH FLR
PT ST LUCIE FL 34986
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HEGENER, PAUL J
1740 SW ST LUCIE W BLVD
PT ST LUCIE FL 34986**

3. Date Incorporated or Qualified

05/17/1996

4. FEI Number

13-3889521

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 owes the current year intangible
Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 ☐ DELETE

NAME **D**
LEVAN, ALAN
STREET ADDRESS **1750 E SUNRISE BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE ☐ DELETE

NAME **DC**
ABDO, JOHN E
STREET ADDRESS **1350 NE 56TH ST**
CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE ☐ DELETE

NAME **D**
ABDO, FRANK J
STREET ADDRESS **1350 NE 56TH ST**
CITY-ST-ZIP **FT LAUDERDALE FL 34986**

TITLE ☐ DELETE

NAME **DP**
HEGENER, PAUL J
STREET ADDRESS **1740 SW ST LUCIE W BLVD**
CITY-ST-ZIP **PT ST LUCIE FL 34986**

TITLE ☒ DELETE

NAME **DV**
BABCOCK, THOMAS A
STREET ADDRESS **1740 SW ST LUCIE W BLVD**
CITY-ST-ZIP **PT ST LUCIE FL 34986**

TITLE ☐ DELETE

NAME **VTD**
ANDERSON, JAMES H
STREET ADDRESS **1740 SW ST LUCIE W BLVD**
CITY-ST-ZIP **PT ST LUCIE FL 34986**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **DVP**
Page, David C.
1.3 STREET ADDRESS **1740 SW St. Lucie West Blvd.**
1.4 CITY-ST-ZIP **Port St. Lucie, FL 34986**

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 ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99 561-340-3500

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90079 023 ***150.00



DO NOT WRITE IN THIS SPACE

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