DOCU 1. Entity Nam	MENT # NOOO			FILED Aug 31, 2001 8:00 am Secretary of State 08-31-2001 90114 011 ****61.25			
CITIZEN	S FOR RIVER WALK OF	PORT ST. LUCIE, INC.	A	\bigcap	31-2001 90114 011 01.2.	,	
Principal Plac	e of Business	Mailing Address	————— (J	?			
1756 FAIRFIELD ST PORT ST LUCIE FL 34983		1756 FAIRFIELD ST PORT ST LUCIE FL 3496	1756 FAIRFIELD ST PORT ST LUCIE FL 34983		B0063140		\
					TUK 88KK 68KK 68KK 88KK 88KK 58KK 186K 186K	1 8 18 1 8 181 1 38 1	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State	City & State		4. FEI Number Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired		
	6. Name and Address of Cu	urrent Registered Agent	Name		ress of New Registered Agent		
Time-	المنظور الحداث المنظور المنظور المنظور المنظور المنظو	المرابع والمنطقة المرابع والمناطقة والمنطقة والم		OSCPH L			
SOPKO, JAMES 853 SE MONTEREY COMMONS BLVD			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
STUART FL 34996			179	1758 FAIRFIELD ST			•
			. City Por	T ST L	ocie FL Zipson	983	
8. The above	named entity submits this staten	nent for the purpose of changing it	s registered office or regis	tered agent, or both, in	the state of Florida.		
.=	Λ. 1	191			(>2 11		
SIGNATURE)	Signature, typed or printed name of registere	- Stray	TE: Registered Agent signature requ	(red when rejectating)	8-23-01		1
	- Indicate the state of the sta	- I applicable (100	TE. Registered Agent signature requ	add what fall s(ath g)	DAIL		
FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25 9. Election Camp Trust Fund Cor			mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check Payable Department of State	to	
10.	OFFICERS AT	ND DIRECTORS	11.	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS IN		
TITLE NAME	ZOBAY, JOSEPH L	☐ Delete	TITLE NAME		☐ Change	Addition	2
STREET ADDRESS	1756 FAIRFIELD ST		STREET ADDRESS				
CITY-ST-ZIP	PORT ST LUCIE FL 34983		CITY-ST-ZIP			Addition CO	
TITLE NAME	D Ferrara, Michael	☐ Delete	TITLE NAME		☐ Change	Addition 3	
STREET ADDRESS	1491 ASHVILLE CT		STREET ADDRESS			}	
CITY-ST-ZIP	PORT ST LUCIE FL 34952		CITY-ST-ZIP		——————————————————————————————————————		
TITLE	D -Bailey, Edward A	☐ Delete	TITLE NAME		☐ Change	Addition (100 miles
STREET ADDRESS	142 W CARIBBEAN		STREET ADDRESS-				
CITY-ST-ZIP	PORT ST LUCIE FL 34952		CITY-ST-ZIP				
TITLE NAME	D Lillo, Frank	☐ Delete	TITLE NAME		☐ Change	☐ Addition	
STREET ADDRESS	P O BOX 8315		STREET ADDRESS				
CITY-ST-ZIP	POR ST LUCIE FL 34985		CITY-ST-ZIP				
TITLE NAME	LANG, DUANE	☐ Delete	TITLE NAME		☐ Change	Addition	
		•				1	
STREET ADDRESS CITY-ST-ZIP	1437 SE COLCHESTER CIF PORT ST LUCIE FL 34952	1	STREET ADDRESS CITY-ST-ZIP				襚

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

COOK, FREDERICK

1552 SE LADNER ST

PORT ST LUCIE FL 34983

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

8-23-01

☐ Change

Addition