

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90136 020 \*\*\*\*61.25

**DOCUMENT # N00000001196**

1. Entity Name

**CITIZENS FOR RIVER WALK OF PORT ST. LUCIE, INC.**



Principal Place of Business

**1756 FAIRFIELD ST  
PORT ST LUCIE FL 34983**

Mailing Address

**1756 FAIRFIELD ST  
PORT ST LUCIE FL 34983**

**70027831**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**PORT ST LUCIE**

3. Mailing Address

**1756 SE FAIRFIELD ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PORT ST LUCIE FLA**

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

**34983**

Country

**ST LUCIE**

Zip

**34983**

Country

**AMERICA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZOBAY, JOSEPH L**

**1756 SE FAIRFIELD ST**

**PORT SAINT LUCIE FL 34983**

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

*Joseph L Zobay*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-12-03**

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>ZOBAY, JOSEPH L</b>	
STREET ADDRESS	<b>1756 FAIRFIELD ST</b>	
CITY-ST-ZIP	<b>PORT ST LUCIE FL 34983</b>	
TITLE	<b>D VICE PRES</b>	<input type="checkbox"/> Delete
NAME	<b>FERRARA, MICHAEL</b>	
STREET ADDRESS	<b>1491 ASHVILLE CT</b>	
CITY-ST-ZIP	<b>PORT ST LUCIE FL 34952</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BAILEY, EDWARD A</b>	
STREET ADDRESS	<b>142 W CARIBBEAN</b>	
CITY-ST-ZIP	<b>PORT ST LUCIE FL 34952</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LILLO, FRANK</b>	
STREET ADDRESS	<b>P O BOX 8315</b>	
CITY-ST-ZIP	<b>POR ST LUCIE FL 34985</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LANG, DUANE</b>	
STREET ADDRESS	<b>1437 SE COLCHESTER CIR</b>	
CITY-ST-ZIP	<b>PORT ST LUCIE FL 34952</b>	
TITLE	<b>D VICE PRES</b>	<input type="checkbox"/> Delete
NAME	<b>COOK, FREDERICK</b>	
STREET ADDRESS	<b>1552 SE LADNER ST</b>	
CITY-ST-ZIP	<b>PORT ST LUCIE FL 34983</b>	

TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VICTOR VAILE</b>	
STREET ADDRESS	<b>3100 SE PRUITT RD APT F-305</b>	
CITY-ST-ZIP	<b>PORT ST LUCIE FLA 34952</b>	
TITLE	<b>DENNIS WEILAMANN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>2626 SE HAMDEN RD</b>	
STREET ADDRESS	<b>PORT ST LUCIE FL 34983 34952</b>	
CITY-ST-ZIP		
TITLE	<b>JANE FORAKER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>2598 SW GAIN ST</b>	
STREET ADDRESS	<b>PORT ST LUCIE FLA 34953</b>	
CITY-ST-ZIP		
TITLE	<b>GEO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GEO. MICKLOW</b>	
STREET ADDRESS	<b>808 SE SWEETBAY</b>	
CITY-ST-ZIP	<b>PORT ST LUCIE FLA 34983</b>	
TITLE	<b>FRANK GUARASCIO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>3301 SE SANDPIPER CIRCLE</b>	
STREET ADDRESS	<b>PORT ST LUCIE FLA 34952</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*Joseph L Zobay*

**3-12-03**

**772-878-1929**

CR2E037 (10/02)