

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 A
Secretary of State

DOCUMENT # N04000010661

1. Entity Name
STUART AREA ALUMNAE PANAHELLENIC ASSOC, INC.



Principal Place of Business
**984 S.E. WILLOUGHBY TRACE
STUART, FL 34997**

Mailing Address
**984 S.E. WILLOUGHBY TRACE
STUART, FL 34997**



01242007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAY, JUDY
984 S.E. WILLOUGHBY TRACE
STUART, FL 34997**

**DO NOT WRITE
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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000637738
02/26/07-80073-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHASE, A.J.
STREET ADDRESS	4067 S.E. BARCELONA ST.
CITY-ST-ZIP	STUART, FL 34997
TITLE	VD
NAME	WHITEMAN, LAURA
STREET ADDRESS	5094 S.E. INKWOOD WAY
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	SD
NAME	MACDONALD, JILL
STREET ADDRESS	1503 BUTTONBUSH CIR
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	VD
NAME	LUNSFORD, JO
STREET ADDRESS	3312 S.E. CAMBRIDGE DR.
CITY-ST-ZIP	STUART, FL 34987
TITLE	T
NAME	LAY, JUDY
STREET ADDRESS	984 SE WILLOUGHBY TRACE
CITY-ST-ZIP	STUART, FL 34997
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Judy Lay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-07

Date

(272)692-2919

Daytime Phone #