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Mar 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N24369** (3)

1. Corporation Name

**ST. LUCIE SHORES WOMAN'S CLUB INC.**



Principal Place of Business <b>P.O. BOX 7783 PORT ST. LUCIE FL 34985-7783 US</b>	Mailing Address <b>P.O. BOX 7783 PORT ST. LUCIE FL 34985-7783 US</b>
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3. Date Incorporated or Qualified <b>01/14/1988</b>	3a. Date of Last Report <b>04/16/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONES, PATRICIA  
945 S.E. BAYFRONT AVE.  
PORT ST. LUCIE FL 34983**

81 Name <b>Roman, June</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>267 W. Caribbean</b>
83 City <b>Port St. Lucie</b>
84 City <b>Port St. Lucie</b> <b>FL</b> 85 Zip Code <b>34952</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE June Roman June Roman 2/27/97  
Signature, typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>JONES, PATRICIA</b> STREET ADDRESS <b>945 SE BAYFRONT AVE.</b> CITY - ST - ZIP <b>PORT ST. LUCIE FL</b>	1.1 TITLE <b>D</b>	<b>Roman, June</b> 1.2 NAME <b>Roman, June</b> 1.3 STREET ADDRESS <b>267 W. Caribbean</b> 1.4 CITY - ST - ZIP <b>Port St. Lucie 34952</b>
TITLE <b>T</b>	<b>MYERS, MARY</b> STREET ADDRESS <b>2980 JERONIMO RD.</b> CITY - ST - ZIP <b>PORT ST. LUCIE FL</b>	2.1 TITLE <b>T</b>	<b>Errera, Kathleen</b> 2.2 NAME <b>Errera, Kathleen</b> 2.3 STREET ADDRESS <b>301 SE Verada Ave.</b> 2.4 CITY - ST - ZIP <b>Port St. Lucie 34983</b>
TITLE <b>T</b>	<b>SCHULTE, MARY HELEN</b> STREET ADDRESS <b>801 SE CHALOUPPE AVE.</b> CITY - ST - ZIP <b>PORT ST. LUCIE FL</b>	3.1 TITLE <b>T</b>	<b>Staab, Loretta</b> 3.2 NAME <b>Staab, Loretta</b> 3.3 STREET ADDRESS <b>8228 Cinnamon Lane</b> 3.4 CITY - ST - ZIP <b>Port St. Lucie 34952</b>
TITLE <b>T</b>	<b>KRAVETZ, BELLE</b> STREET ADDRESS <b>3074 BAKERFIELD RD.</b> CITY - ST - ZIP <b>PORT ST. LUCIE FL</b>	4.1 TITLE <b>T</b>	<b>Kravetz, Belle</b> 4.2 NAME <b>Kravetz, Belle</b> 4.3 STREET ADDRESS <b>3074 SE Bakersfield St.</b> 4.4 CITY - ST - ZIP <b>Port St. Lucie 34952</b>
TITLE <b>T</b>	<b>NUTT, DOROTHY</b> STREET ADDRESS <b>460 SE SEABREEZE LANE</b> CITY - ST - ZIP <b>PORT ST. LUCIE FL</b>	5.1 TITLE <b>T</b>	<b>Lowney, Joyce</b> 5.2 NAME <b>Lowney, Joyce</b> 5.3 STREET ADDRESS <b>285 SW Lucero Dr.</b> 5.4 CITY - ST - ZIP <b>Port St. Lucie 34983</b>
TITLE <b></b>	<b></b> STREET ADDRESS <b></b> CITY - ST - ZIP <b></b>	6.1 TITLE <b></b>	<b></b> 6.2 NAME <b></b> 6.3 STREET ADDRESS <b></b> 6.4 CITY - ST - ZIP <b></b>

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Belle Kravetz Belle Kravetz, Treasurer 2/20/97 (561) 335-9028  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071633

CR2E037 (9/96)