

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N24369

1. Corporation Name

ST. LUCIE SHORES WOMAN'S CLUB INC.

Principal Place of Business

P.O. BOX 7783
PORT ST. LUCIE FL 34985-7783
US

Mailing Address

P.O. BOX 7783
PORT ST. LUCIE FL 34985-7783
US

99 JUN 29 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0073125

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/14/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
24 Country		29 Country		5. Certificate of Status Desired ☐	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

ROMAN, JUNE
267 W CARIBBEAN
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name	Errera, Kathleen
82 Street Address (P.O. Box Number is Not Acceptable)	301 SE Verada Ave
83 City	Port St. Lucie FL
84 Zip Code	34983

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 Kathleen Errera, President Kathleen Errera May 1, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D
NAME	ROMAN, JUNE	12 NAME	Errera, Kathleen
STREET ADDRESS	267 W CARIBBEAN	13 STREET ADDRESS	301 SE Verada Ave.
CITY-ST-ZIP	PORT ST. LUCIE FL	14 CITY-ST-ZIP	Port St. Lucie, FL 34983
TITLE	T	21 TITLE	
NAME	ERRERA, KATHLEEN	22 NAME	40000123456789
STREET ADDRESS	301 SE VERADA AVE	23 STREET ADDRESS	-07/13/99-01034-000
CITY-ST-ZIP	PORT ST. LUCIE FL	24 CITY-ST-ZIP	*****25 *****
TITLE	T	31 TITLE	T Nelson, Bessie
NAME	STAAB, LORETTA	32 NAME	Nelson, Bessie
STREET ADDRESS	8228 CINNAMON LANE	33 STREET ADDRESS	445 Karney Ter.
CITY-ST-ZIP	PORT ST. LUCIE FL	34 CITY-ST-ZIP	Port St. Lucie, FL 34983
TITLE	T	41 TITLE	
NAME	KRAVETZ, BELLE	42 NAME	Same
STREET ADDRESS	3074 SE BAKERSFIELD ST	43 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	T
NAME	LOWNEY, JOYCE	52 NAME	Monahan, Jane
STREET ADDRESS	285 SE LUCERO DR	53 STREET ADDRESS	584 SW Aster Rd.
CITY-ST-ZIP	PORT ST. LUCIE FL	54 CITY-ST-ZIP	Port St. Lucie FL 34953
TITLE	T	61 TITLE	T
NAME		62 NAME	Phillips, Rose
STREET ADDRESS		63 STREET ADDRESS	432 Fairway Landing
CITY-ST-ZIP		64 CITY-ST-ZIP	Port St. Lucie FL 34986

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 617, 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: Belle Kravetz 5/1/99 (561) 335-9028

SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

DATE DAYTIME PHONE

1 CR2E037 (1/98)