

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90152 044 ****61.25

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DOCUMENT # N24369

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**ROMAN, JUNE
1261 MENDAVIA AVE
PORT SAINT LUCIE FL 34952**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/03

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	T	<input type="checkbox"/> Delete
NAME	HOSTOS, SONJA DE	
STREET ADDRESS	3214 SW FOREMOST DR.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	
TITLE	T	<input type="checkbox"/> Delete
NAME	NELSON, BESSIE	
STREET ADDRESS	443 KARNEY TER.	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MONAHAN, JANE	
STREET ADDRESS	584 SW ASTER RD	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROMAN, JUNE	
STREET ADDRESS	1261 MENDAVIA AVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	T	<input type="checkbox"/> Delete
NAME	KRAVETZ, BELLE	
STREET ADDRESS	3074 SE BAKESFIELD STREET	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	YACONIS, MARY	
STREET ADDRESS	501 NW GOLDCOAST AVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSTOS, SONJA DE	
STREET ADDRESS	P. O. Box 880461	
CITY-ST-ZIP	Port St. Lucie, FL. 34988-0461	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nutt, Dorothy	
STREET ADDRESS	460 Seabreeze Lane	
CITY-ST-ZIP	Port St. Lucie, FL. 34983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gater, Kathryn	
STREET ADDRESS	2482 SE Alden St.	
CITY-ST-ZIP	Port St. Lucie, FL. 34984	

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: Belle Kravetz, Treasurer **4/10/03** **772-335-9028**

CR2E037 (10/02)