

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33208

FILED  
Apr 05, 2011  
Secretary of State

**Entity Name:** SOUTH FORK ESTATES PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

543 NW LAKE WHITHNEY PL.  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

543 NW LAKE WHITHNEY PL.  
SUITE 101  
PORT SAINT LUCIE, FL 34986

**Current Mailing Address:**

543 NW LAKE WHITHNEY PL.  
PORT SAINT LUCIE, FL 34986

**New Mailing Address:**

543 NW LAKE WHITHNEY PL.  
SUITE 101  
PORT SAINT LUCIE, FL 34986

**FEI Number:** 65-0272128

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSS, DEBORAH  
759 S. FEDERAL HWY #212  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FAULK, OLAN  
Address: 543 NW LAKE WHITHNEY PL. #101  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D  
Name: SHOLTES, CARL  
Address: 543 NW LAKE WHITHNEY PL. #101  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: DVP  
Name: BEEMAN, MARTHA  
Address: 543 NW LAKE WHITHNEY PL. #101  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: DP  
Name: BRADA, PETER  
Address: 543 NW LAKE WHITHNEY PL. #101  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: DS  
Name: PORTER, REBECCA  
Address: 543 NW LAKE WHITHNEY PL. #101  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: DTR  
Name: OVERBYE, ERIKA  
Address: 543 NW LAKE WHITHNEY PL. #101  
City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PETER BRADA

P

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date