


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2007 8:00 am**  
**Secretary of State**

07-12-2007 90057 025 \*\*\*\*70.00

<b>DOCUMENT # N42325</b> 1. Entity Name <b>ST. LUCIE INTERGROUP ASSOCIATION, INC.</b>					
Principal Place of Business <b>905 NE PRIMA VISTA BLVD. SUITE D PORT SAINT LUCIE, FL 34952 US</b>			Mailing Address <b>905 NE PRIMA VISTA BLVD. SUITE D PORT SAINT LUCIE, FL 34952 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COLBURN, WILLIAM D SR 358 SE OAK RIDGE DR PORT SAINT LUCIE, FL 34984				Name <b>Holly Lieurance</b> Street Address (P.O. Box Number is Not Acceptable) <b>5404 Myrtle Drive</b> City <b>Ft Pierce</b> <b>FL</b> Zip Code <b>34982</b>	
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 <u><i>Holly Lieurance</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC PARRIS, RON 749 LANDSDOWNE AVE PORT SAINT LUCIE, FL 34983	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Rich Amidon 35 Mediterranean West Blvd Port St Lucie FL 34952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOLLY, LIEURANCE 5404 MYRTLE DR FORT PIERCE, FL 34982	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC BECK, STEVE 821 NW GREENWICH CT PORT SAINT LUCIE, FL 34983	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRISON, JOAN 1490 SE COLCHESTER CIR PORT SAINT LUCIE, FL 34952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Diane Plummer 2034 Brisbane Port St. Lucie FL 34984	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Holly Lieurance</i></u>			7-10-07 772 216 6237		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		