

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42325

FILED  
Mar 16, 2012  
Secretary of State

**Entity Name:** ST. LUCIE INTERGROUP ASSOCIATION, INC.

**Current Principal Place of Business:**

897-A NE PRIMA VISTA BLVD  
PORT ST LUCIE, FL 34952 US

**New Principal Place of Business:**

897-A E PRIMA VISTA BLVD  
PORT ST LUCIE, FL 34952 US

**Current Mailing Address:**

897-A NE PRIMA VISTA BLVD  
PORT ST LUCIE, FL 34952 US

**New Mailing Address:**

897-A E PRIMA VISTA BLVD  
PORT ST LUCIE, FL 34952 US

**FEI Number:** 65-1000798

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REPOLI, MICHAEL R  
352 SW LAKE FOREST WAY  
PORT ST LUCIE, FL 34986 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: DC  
Name: LIEURANCE, RENE T SR  
Address: 5404 MYRTLE DRIVE  
City-St-Zip: FORT PIERCE, FL 34982 US

Title: DT  
Name: REPOLI, MICHAEL R  
Address: 352 SE LAKE FOREST WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: DSEC  
Name: SABECKI, STEPHEN D  
Address: 903 ECHO STREET  
City-St-Zip: FORT PIERCE, FL 34982 US

Title: MGR  
Name: HARRISON, JOAN  
Address: 1490 SE COLCHESTER CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34952 US

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: MICHAEL REPOLI

DT

03/16/2012

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

\_\_\_\_\_  
Date