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May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44253 (5)
1. Corporation Name
THE HUNDRED CLUB OF ST. LUCIE COUNTY, INC.

Principal Place of Business 2211 OKEECHOBEE ROAD FT PIERCE FL 34950-6552	Mailing Address 2211 OKEECHOBEE ROAD FT PIERCE FL 34950-6552
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/28/1991	4. FEI Number 65-0509672	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners' association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**SMITH, VERNON
2211 OKEECHOBEE RD
FT PIERCE FL 34950-6552**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DVP	<input type="checkbox"/>
NAME	BLUESTONE, ROBERT W.	
STREET ADDRESS	100 S. 2ND STREET	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	DT	<input type="checkbox"/>
NAME	ALLEY, PATRICIA	
STREET ADDRESS	2211 OKEECHOBEE ROAD	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/>
NAME	DANNAHOWER, WILLIAM R	
STREET ADDRESS	500 BOSTON AVE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	DP	<input type="checkbox"/>
NAME	ROWLEY, JANE	
STREET ADDRESS	8019 S. FEDERAL HWY	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	D	<input type="checkbox"/>
NAME	FOWLER, MICHAEL D.	
STREET ADDRESS	300 S. 6TH STREET	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/>
NAME	KNOWLES, C.	
STREET ADDRESS	131 S 2ND ST	
CITY-ST-ZIP	FT PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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.

SIGNATURE: *Patricia Alley* PATRICIA ALLEY 4/29/98 561466-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daytime Phone # 0071679

CR2E037 (10/97)