

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90156 029 ****61.25

DOCUMENT # N44762

1. Entity Name
**ST. LUCIE GARDENS HOMEOWNERS ASSOCIATION
INC.**



Principal Place of Business
**4200 S.E. HOME WAY
PORT ST. LUCIE, FL 34952**

Mailing Address
**4200 S.E. HOME WAY
PORT ST. LUCIE, FL 34952**

40027250



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-0728395

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**ROSS, ESQ. D
759 S. FEDERAL HIGHWAY
SUITE 212
STUART, FL 34994**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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 VPD ☒ Delete
NAME SHIPLEY, WILLIAM
STREET ADDRESS 4303 SE BRITTNEY CIR
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE RAY BRAVO PD ☐ Change ☒ Addition
NAME
STREET ADDRESS 4308 SE BRITTNEY CIR
CITY-ST-ZIP PORT ST LUCIE FL 34952

TITLE PD ☒ Delete
NAME KNEUT, KENNETH
STREET ADDRESS 4257 SE HOMEWAY
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE SD ☐ Change ☒ Addition
NAME RONALD DE SIMONE
STREET ADDRESS 4249 S.E. HOME WAY
CITY-ST-ZIP PORT ST LUCIE FL 34952

TITLE SD ☒ Delete
NAME HOUSE, DON
STREET ADDRESS 4321 SE BRITTNEY CIR
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE TD ☐ Change ☒ Addition
NAME WILLIAM PRATHER
STREET ADDRESS 4232 SE HOMEWAY
CITY-ST-ZIP PORT ST LUCIE FL 34952

TITLE TD ☒ Delete
NAME CAMMERENE, JAMES
STREET ADDRESS 4277 SE BRITTNEY CIR
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE D ☐ Change ☒ Addition
NAME SAMUEL BELL
STREET ADDRESS 4260 S.E. BRITTNEY CIR
CITY-ST-ZIP PORT ST LUCIE FL 34952

TITLE D ☒ Delete
NAME DEMOS, SUSI
STREET ADDRESS 4234 SE HOME WAY
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: William Prather William Prather 3/6/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #