

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90073 004 ****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



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0728395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE PD ☐ Delete
NAME BRAVO, RAY
STREET ADDRESS 7308 S.E. BRITTNEY CIRCLE
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE SD ☐ Delete
NAME DE SIMONE, RONALD
STREET ADDRESS 4279 S.E. HOMW AY
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE TD ☐ Delete
NAME PRATHER, WILLIAM
STREET ADDRESS 4232 S.E. HOME WAY
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE D ☒ Delete
NAME BELL, SAMUEL
STREET ADDRESS 7260 S.E. BRITTNEY CIRCLE.
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME *Dir*
STREET ADDRESS *De Simone Ronald*
CITY-ST-ZIP

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

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

TITLE ☐ Change ☒ Addition
NAME *SEC. Dir*
STREET ADDRESS *MASDROS, Robert*
CITY-ST-ZIP *4202 S.E. BRITTNEY CR.*
PORT ST. LUCIE FL 34952

TITLE ☐ Change ☒ Addition
NAME *Dir*
STREET ADDRESS *MARSHALL, LOUIS*
CITY-ST-ZIP *4280 S.E. BRITTNEY CR.*
PORT ST LUCIE FL 34952

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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** *29 Jan 07* **772-398-8864**