


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90158 010 \*\*\*\*61.25

<b>DOCUMENT # N47221</b> 1. Entity Name PORT ST. LUCIE BAR ASSOCIATION, INC.					
Principal Place of Business 1858 SE PORT ST. LUCIE BLVD PORT ST. LUCIE, FL 34986			Mailing Address 1858 SE PORT ST. LUCIE BLVD PORT ST. LUCIE, FL 34986		
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	
GOLDMAN, DIANA 1858 SE PORT ST. LUCIE BLVD PORT ST. LUCIE, FL 34986				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	TD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDMAN, DIANA <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	1858 SE PORT ST LUCIE BLVD		STREET ADDRESS		
CITY - ST - ZIP	PORT ST. LUCIE, FL 34986		CITY - ST - ZIP		
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FANNING, PAUL J		NAME		
STREET ADDRESS	10521 SW VILLAGE CTR. DR #201		STREET ADDRESS		
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34987		CITY - ST - ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERGUSON, JONATHAN		NAME	Jonathan Ferguson	
STREET ADDRESS	145 NW CENTRAL PARK PLAZA, #200		STREET ADDRESS	145 NW Central Park Plaza, Suite 200	
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34986		CITY - ST - ZIP	Port St. Lucie, FL 34986	
TITLE	VP <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUETTLER, ANTHONY P		NAME		
STREET ADDRESS	10521 SW VILLAGE CENTER DR 101		STREET ADDRESS		
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34986		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Tyson J. Waters	
STREET ADDRESS			STREET ADDRESS	145 NW Central Park Plaza, Suite 200	
CITY - ST - ZIP			CITY - ST - ZIP	Port St. Lucie, FL 34986	
TITLE	<input type="checkbox"/> Delete		TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Lois Nichols	
STREET ADDRESS			STREET ADDRESS	1860 SW Palm City Road, #202	
CITY - ST - ZIP			CITY - ST - ZIP	Stuart, FL 34994	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Diana Goldman 04/10/2008 (772) 335-0965 <small>Date Daytime Phone #</small>		