

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N92000000119 (9)**

1. Corporation Name

**ST. LUCIE DREAM BUILDERS, INC.**



Principal Place of Business

**11311 INDIAN RIVER DRIVE SOUTH  
FT. PIERCE FL 34982**

Mailing Address

**11311 INDIAN RIVER DRIVE SOUTH  
FT. PIERCE FL 34982**

3. Date Incorporated or Qualified  
**10/30/1992**

3a. Date of Last Report  
**03/02/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number  
**65-0373120**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SOLOMON, LYNN D  
10020 S. FEDERAL HIGHWAY  
PORT ST. LUCIE FL 34952**

10. Name and Address of New Registered Agent

81 Name **Lynn Solomon**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**145 NW Central Park Plaza Suite**  
**800**  
83  
84 City **Port St. Lucie** FL 85 Zip Code **34982**

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

Signature, typed or printed name of registered agent and title if applicable

Signature, typed or printed name of registered agent and title if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	ABBOTT, HELEN	11311 INDIAN RIVER DR. FT. PIERCE FL 34982		
D	LEE, LARRY JR.	2209 S. 25TH ST. FT. PIERCE FL 34947		
D	WILLIAMS, LORENZO	320 S INDIAN RIVER FORT PIERCE FL		
D	HYATT, JOHN	10020 S. FEDERAL HWY. PORT ST. LUCIE FL 34952		
D	BURGESS, SUSAN	5405 CITRUS AVENUE FT. PIERCE FL		
D	MCDONALD, BERTHA	10020 SOUTH FEDERAL HWY PORT ST. LUCIE FL		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

**Bertha McDonald**  
**8103 Juanita Ave**  
**Fort Pierce, FL 34946**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)