

2002 UNIFORM BUSINESS REPORT (UBR)

5/24/

FILED

Jul 11, 2002 8:00 am
Secretary of State

05-24-2002 91316 015 ****61.25

DOCUMENT # N93000005214

1. Entity Name

ST. LUCIE PRESERVATION ASSOCIATION, INC.

Principal Place of Business

106 SOUTH DEPOT DR
FT PIERCE FL 34950

Mailing Address

106 SOUTH DEPOT DR
FT PIERCE FL 34950

2. Principal Place of Business

210 South Depot Drive

Suite, Apt. #, etc.

Fort Pierce, FL 34950

City & State

34950

Zip

Country

St. Lucie

3. Mailing Address

SAMS

Suite, Apt. #, etc.

Fort Pierce, FL 34950

City & State

34950

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0443162

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TILLMAN, DORIS

106 SOUTH DEPOT DRIVE
FT PIERCE FL 34950

7. Name and Address of New Registered Agent

Name Doris Tillman

Street Address (P.O. Box Number is Not Acceptable)

210 South Depot Drive

City Fort Pierce

FL

Zip Code

34950

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.

SIGNATURE

Doris D. Tillman DORIS D. TILLMAN Manager 4-30-02

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

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	KAVANAUGH, GAIL	
STREET ADDRESS	6560 S FEDERAL HWY	
CITY-ST-ZIP	PT ST LUCIE FL 34952	
TITLE	DS President	<input checked="" type="checkbox"/> Delete
NAME	CULLY, PAM	
STREET ADDRESS	P.O. BOX 2405	
CITY-ST-ZIP	FT PIERCE FL 34954	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	PARKER, KRIS	
STREET ADDRESS	100 SOUTH SECOND STREET	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	INGLE, NANCY	
STREET ADDRESS	PO BOX 1480	
CITY-ST-ZIP	FT PIERCE FL 34954	
TITLE	Anne SATTERLEE	<input checked="" type="checkbox"/> Delete
NAME	Vice President	
STREET ADDRESS	PO Box 1480	
CITY-ST-ZIP	Fort Pierce, FL 34954	
TITLE	Carolyn Leonard	<input checked="" type="checkbox"/> Delete
NAME	Secretary	
STREET ADDRESS	1825 Park Lane	
CITY-ST-ZIP	Fort Pierce, FL 34945	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Manager	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doris D. Tillman	
STREET ADDRESS	210 South Depot Dr,	
CITY-ST-ZIP	Fort Pierce, FL 34950	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kavanaugh, Gail	
STREET ADDRESS	6560 S. Federal Hwy	
CITY-ST-ZIP	Fort St. Lucie, FL 34952	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cully, Pamela	
STREET ADDRESS	P.O. Box 2405	
CITY-ST-ZIP	Fort Pierce, FL 34954	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anne Satterlee	
STREET ADDRESS	P.O. Box 1480	
CITY-ST-ZIP	Fort Pierce, FL 34954	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carolyn Leonard	
STREET ADDRESS	1825 Park Lane	
CITY-ST-ZIP	Fort Pierce, FL 34945	

12. 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 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:

ANNE SATTERLEE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Daytime Phone #

CR2E037 (9/01)