

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90026 025 ****61.25

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1. Entity Name
ST. LUCIE PRESERVATION ASSOCIATION, INC.



Principal Place of Business
**210 S DEPOT DRIVE
FT PIERCE, FL 34950**

Mailing Address
**210 S DEPOT DRIVE
FT PIERCE, FL 34950**

40046002



2. Principal Place of Business

122 A.E. BACKUS AVE.

Suite, Apt. #, etc.

3. Mailing Address

122 A.E. BACKUS AVE.

Suite, Apt. #, etc.

03242006 Chg-NP CR2E037 (11/05)

City & State
FORT PIERCE, FL

City & State
FORT PIERCE, FL

4. FEI Number
65-0443162

Applied For
☐ Not Applicable

Zip
34950

Country

Zip
34950

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TILLMAN, DORIS
210 S DEPOT DRIVE
FT PIERCE, FL 34950**

7. Name and Address of New Registered Agent

Name

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

122 A.E. BACKUS AVE.

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. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
MILLER, DAVID
2400 S. OCEAN DRIVE#3926
FORT PIERCE, FL 34949** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
SATTERLEE, ANNE
P.O. BOX 1480
FT PIERCE, FL 34954** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2322 Cortez Ave.
Vero Beach, FL 32960** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
REYNOLDS, BRITT
2780 S. BROCKSMITH ROAD
FORT PIERCE, FL 34945** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
GILLETTE, PAMELA
5105 FEATHER CREEK DRIVE
FORT PIERCE, FL 34951** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
TILLMAN, DORIS D
210 S DEPOT DRIVE
FORT PIERCE, FL 34950** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**122 A.E. BACKUS AVE.
FORT PIERCE, FL 34950** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Doris W. Tillman

4/4/06

7724663880