

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90067 018 ****61.25

DOCUMENT # N93000005214

1. Entity Name

ST. LUCIE PRESERVATION ASSOCIATION, INC.



Principal Place of Business

122 A.E. BACKUS AVE
FT PIERCE, FL 34950

Mailing Address

122 A.E. BACKUS AVE
FT PIERCE, FL 34950

50001003



03202008 No Chg-NP

CR2E037 (4/06)

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
122 A.E. BACKUS AVE
FT PIERCE, FL 34950

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE DP
NAME SATTERLEE, ANNE
STREET ADDRESS 2322 CORTEZ AVE
CITY-ST-ZIP VERO BEACH, FL 32960

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

TITLE DS
NAME DANNAHOWER, SUE
STREET ADDRESS 2017 S. INDIAN RIVER DRIVE
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE DIR
NAME TILLMAN, DORIS D
STREET ADDRESS 122 A.E. BACKUS AVE
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #

3-21-08