2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N93000005214

Entity Name: ST. LUCIE PRESERVATION ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0443162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TILLMAN, DORIS
122 A.E. BACKUS AVE
FT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DT ( ) Delete
Name: MILLER, DAVID
Address: 2400 S. OCEAN DRIVE#3926
City-St-Zip: FORT PIERCE, FL 34949

Title: DP ( ) Delete
Name: SATTERLEE, ANNE
Address: 2322 CORTEZ AVE
City-St-Zip: VERO BEACH, FL 32960

Title: DV ( ) Delete
Name: REYNOLDS, BRITT
Address: 2780 S. BROCKSMITH ROAD
City-St-Zip: FORT PIERCE, FL 34945

Title: DS ( ) Delete
Name: DANNAHOWER, SUE
Address: 2017 S. INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34950

Title: DIR ( ) Delete
Name: TILLMAN, DORIS D
Address: 122 A.E. BACKUS AVE
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change ( ) Addition
Name: WILLIAMS, BETH
Address: 203 MARINA DRIVE
City-St-Zip: FORT PIERCE, FL 34949

Title: DP (X) Change ( ) Addition
Name: REYNOLDS, BRITT
Address: 2780 S. BROCKSMITH ROAD
City-St-Zip: FORT PIERCE, FL 34945

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUE DANNAHOWER DS 04/10/2009

Electronic Signature of Signing Officer or Director — Date