

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90098 041 ****61.25

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1. Corporation Name

PORT SALERNO REVITALIZATION COMMITTEE, INC.

Principal Place of Business

PORT SALERNO
P.O. BOX 567
PORT SALERNO FL 34992
US

Mailing Address

PORT SALERNO
P.O. BOX 567
PORT SALERNO FL 34992
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

05/18/1995

4. FEI Number

65-0583479

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

9. Name and Address of Current Registered Agent

TAYLOR, PATRICIA I ESQ.
73 S.W. FLAGLER AVE.
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BASS, CONNIE
STREET ADDRESS 4185 S.E. ST. LUCIE BLVD
CITY-ST-ZIP STUART FL 34997 ☒ DELETE

TITLE PT
NAME MEYER, MARY ANNE
STREET ADDRESS 5239 S.E. EBBTIDEAN
CITY-ST-ZIP STUART FL ☐ DELETE

TITLE D
NAME GRIEN, PETER
STREET ADDRESS 5959 S.E. HORSESHOE PT. RD.
CITY-ST-ZIP STUART FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY ☐ Change ☒ Addition
1.2 NAME LESLIE WRIGHT
1.3 STREET ADDRESS 2838 SE NE SEWALL'S LANDING
1.4 CITY-ST-ZIP JENSEN BEACH FL 34957 ☒ Change ☐ Addition

2.1 TITLE DIRECTOR ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 5239 SE EBBTIDE AVE
2.4 CITY-ST-ZIP STUART FL 34997

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE PRESIDENT ☐ Change ☒ Addition
4.2 NAME RICHARD HAAGER
4.3 STREET ADDRESS 4941 SE KINGFISH AVE
4.4 CITY-ST-ZIP STUART FL 34997

5.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
5.2 NAME ELBERT C. BLACKMAN
5.3 STREET ADDRESS 8496 BALM HAMMOCK
5.4 CITY-ST-ZIP NOBE SOUND FL 33455

6.1 TITLE TREASURER ☐ Change ☒ Addition
6.2 NAME NANCY NEMPHILL
6.3 STREET ADDRESS 3756 SE MIDDLE LANE
6.4 CITY-ST-ZIP STUART FL 34997

14. 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 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, with all other like empowered.

SIGNATURE:

Richard Haager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 10, 1999 (561) 283-1069
Date Daytime Phone #

CR2E037 (11/98)