

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

02-19-2003 90019 001 ****61.25

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1. Entity Name

ST. LUCIE COUNTY CHAPTER OF THE WOMENS COUNCIL OF REALTORS, INC.



Principal Place of Business

**4972 S 25TH ST
FT. PIERCE FL 34981-5009**

Mailing Address

**4972 S 25TH ST
FT. PIERCE FL 34981-5009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0816965**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALMACH, KEN
513 SUNNYBROOK TERRACE
PORT SAINT LUCIE FL 34983**

7. Name and Address of New Registered Agent

DEBRA SWANSON

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

4972 SOUTH 25TH STREET

City

FORT PIERCE

FL

Zip Code

34981

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

2/6/03

FILE NOW: FEE IS \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
EGLER, SHERI
909 MIDWAY RD.
FORT PIERCE FL 34982** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PE
PAPPA, CARMEN
1740 ST LUCIE
FORT PIERCE FL 34982** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ANSARA, RON
2731 SE MORNINGSIDE BLVD.
PORT SAINT LUCIE FL 34952** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WALMACH, KEN
513 SUNNYBROOK TERR
PORT SAINT LUCIE FL 34983** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SCHAUBEL, KRISTILYNN
149 SW PORT ST LUCIE DR
PORT SAINT LUCIE FL 34984** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PAST PRESIDENT
SHERI EGLER
909 MIDWAY RD
FORT PIERCE FL 34982** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
CARMEN PAPPA
1740 SW GATLIN BLVD
PORT ST LUCIE FL 34953** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER
DAWN KRUSE
6108 SUNSET BLVD
FORT PIERCE FL 34982** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT ELECT
BONNIE COLLSON
1935 32ND AVENUE
VERO BEACH, FL 32960** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
LYNN TIFFANY
600 EDWARDS ROAD
FORT PIERCE, FL 34982** ☐ Change ☒ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/03-78285-8620
Date
Daytime Phone

CR2E037 (10/02)