


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90240 014 \*\*\*\*61.25

<b>DOCUMENT # N97000001441</b>					
1. Entity Name THE ST. LUCIE WATERFRONT COUNCIL, INC.					
Principal Place of Business P.O. BOX 4143 FT PIERCE, FL 34948			Mailing Address P.O. BOX 4143 FT PIERCE, FL 34948		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
O'CONNOR, JOHN A 321 SO OCEAN DRIVE FT PIERCE, FL 34949				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	PD	<input type="checkbox"/> Delete		TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, DELORES			NAME	John Farry
STREET ADDRESS	429 NORTH 19TH ST.			STREET ADDRESS	2203 S. Indian River DR
CITY-ST-ZIP	FT PIERCE, FL 34950			CITY-ST-ZIP	Port - Pierce, FL 34950
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCONNOR, JOHN			NAME	
STREET ADDRESS	321 SO OCEAN DR			STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 34949			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARENA, JOHN			NAME	
STREET ADDRESS	1509 FABER COURT			STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 34949			CITY-ST-ZIP	
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURLINGHAM, SHIRLEY			NAME	
STREET ADDRESS	5312 LOGGERHEAD PLA			STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 34949			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUKLINSKI, GERALD			NAME	
STREET ADDRESS	7201 KENWOOD DRIVE			STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 34951			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>Delores Johnson</i> - Delores Johnson President 4/26/06 (772) 577-0821					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	