



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000001441 1. Entity Name THE ST. LUCIE WATERFRONT COUNCIL, INC.	
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Principal Place of Business P.O. BOX 4143 FT PIERCE, FL 34948	Mailing Address P.O. BOX 4143 FT PIERCE, FL 34948
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DO NOT WRITE IN THIS SPACE

	
07162007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 65-0738449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR, JOHN A
 321 SO OCEAN DRIVE
 FT PIERCE, FL 34949

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOHNSON, DELORES 429 NORTH 19TH ST. FT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD OCONNOR, JOHN 321 SO OCEAN DR FT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ARENA, JOHN 1509 FABER COURT FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PARRY, JOHN 2203 S. INDIAN RIVER DR FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KUKLINSKI, GERALD 7201 KENWOOD DRIVE FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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U00000769845
 07/20/07-80007-008 61.25

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: *Delores Johnson / Delores Johnson* 7/17/2007/723-577-0821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #