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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N97000005721

1. Corporation Name

SOUTHBEND RESIDENTS ASSOCIATION, INC.

Principal Place of Business

POST OFFICE BOX 7506
 PORT ST. LUCIE FL 34985-7506

Mailing Address

POST OFFICE BOX 7506
 PORT ST. LUCIE FL 34985-7506



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/06/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number **65-0784154**

Applied For

22 City & State

27 City & State

APPLIED FOR

Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FASULA, GREGORY G
2500 S.E. MIDPORT ROAD
SUITE 269
PORT ST. LUCIE FL 34952

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
 NAME **MASTERS, GUY**
 STREET ADDRESS **602 SE DEAN TERRACE**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34984**

1.1 TITLE **P/D** ☐ Change ☒ Addition
 1.2 NAME **Rettig, Ralph**
 1.3 STREET ADDRESS **2728 SE Eagle Dr.**
 1.4 CITY-ST-ZIP **Port St. Lucie, FL 34984**

TITLE **D** ☒ DELETE
 NAME **MASTERS, JOANN**
 STREET ADDRESS **602 SE DEAN TERRACE**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34984**

2.1 TITLE **V/D** ☐ Change ☒ Addition
 2.2 NAME **Soldevilla, Dianne**
 2.3 STREET ADDRESS **2851 SE Pace Dr.**
 2.4 CITY-ST-ZIP **Port St. Lucie, FL 34984**

TITLE **D** ☒ DELETE
 NAME **ROYER, HERME**
 STREET ADDRESS **610 SE BARRTERRACE**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34984**

3.1 TITLE **V/D** ☐ Change ☒ Addition
 3.2 NAME **Russ, Ken**
 3.3 STREET ADDRESS **3335 SE East Snow Rd.**
 3.4 CITY-ST-ZIP **Port St. Lucie, FL 34984**

TITLE **D** ☒ DELETE
 NAME **HERRERA, LARRY**
 STREET ADDRESS **603 SE DEAN TERRACE**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34984**

4.1 TITLE **T/D** ☐ Change ☒ Addition
 4.2 NAME **Branella, Kay**
 4.3 STREET ADDRESS **3126 SE Card Terr.**
 4.4 CITY-ST-ZIP **Port St. Lucie, FL 34984**

TITLE **D** ☐ DELETE
 NAME **BRAMMER, ARLENE**
 STREET ADDRESS **335 SE FISK ROAD**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34984**

5.1 TITLE **S/D** ☐ Change ☒ Addition
 5.2 NAME **Sehscenski, Judy**
 5.3 STREET ADDRESS **621 SE Stow Terr.**
 5.4 CITY-ST-ZIP **Port St. Lucie, FL 34984**

TITLE **D** ☐ DELETE
 NAME **STEPHENS, JOE**
 STREET ADDRESS **675 SE STOW TERRACE**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34984**

6.1 TITLE **D** ☐ Change ☒ Addition
 6.2 NAME **Simms, Joe**
 6.3 STREET ADDRESS **3103 SE Card Terr.**
 6.4 CITY-ST-ZIP **Port St. Lucie, FL 34984**

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 340-4372

CR2E037 (11/98)