

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005721

FILED
Apr 25, 2005
Secretary of State

Entity Name: SOUTHBEND RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 7506
PORT ST. LUCIE, FL 349857506

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 7506
PORT ST. LUCIE, FL 349857506

New Mailing Address:

FEI Number: 65-0784154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FASULA, GREGORY G
1680 SW BAYSHORE BLVD
STE 107
PORT SAINT LUCIE, FL 34984 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBLES, HARRY
Address: 602 SE DALEY CT
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: D () Delete
Name: BISCHONE, JANINE
Address: 511 SE BERRY AVE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D () Delete
Name: MORAN, DON
Address: 3368 SE EAST SNOW RD
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D () Delete
Name: BRAMMER, ARLENE
Address: 335 S.E. FISK ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D () Delete
Name: HANNI, JOHN
Address: 3246 S.E. WEST SNOW RD
City-St-Zip: PORT SAINT LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MORAN, DON
Address: 3368 SE EAST SNOW RD
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KRUMENACKER, GLENN
Address: 2932 SE MINT CT
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D (X) Change () Addition
Name: LEISEY, DAVID
Address: 3373 SE EAST SNOW RD
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN KRUMENACKER

TRSR

04/25/2005

Electronic Signature of Signing Officer or Director

Date