
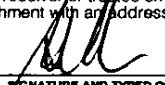


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 23, 2006 8:00 am**  
**Secretary of State**

06-23-2006 90008 038 \*\*\*\*70.00

<b>DOCUMENT # N97000005721</b> 1. Entity Name <b>SOUTHBEND RESIDENTS ASSOCIATION, INC.</b>					
Principal Place of Business <b>POST OFFICE BOX 7506 PORT ST. LUCIE, FL 34985-7506</b>			Mailing Address <b>POST OFFICE BOX 7506 PORT ST. LUCIE, FL 34985-7506</b>		
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 <b>65-0784154</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FASULA, GREGORY G 1680 SW BAYSHORE BLVD STE 107 PORT SAINT LUCIE, FL 34984</b>			Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <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 September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MORAN, DON</b>		NAME		
STREET ADDRESS	<b>3388 SE EAST SNOW RD</b>		STREET ADDRESS		
CITY-ST- ZIP	<b>PORT ST. LUCIE, FL 34984</b>		CITY-ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BISCHONE, JANINE</b>		NAME		
STREET ADDRESS	<b>511 SE BERRY AVE</b>		STREET ADDRESS		
CITY-ST- ZIP	<b>PORT SAINT LUCIE, FL 34984</b>		CITY-ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KRUMENACKER, GLENN</b>		NAME		
STREET ADDRESS	<b>2932 SE MINT CT</b>		STREET ADDRESS		
CITY-ST- ZIP	<b>PORT SAINT LUCIE, FL 34984</b>		CITY-ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEISEY, DAVID</b>		NAME		
STREET ADDRESS	<b>3373 SE EAST SNOW RD</b>		STREET ADDRESS		
CITY-ST- ZIP	<b>PORT SAINT LUCIE, FL 34984</b>		CITY-ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HANNI, JOHN</b>		NAME		
STREET ADDRESS	<b>3246 S.E. WEST SNOW RD</b>		STREET ADDRESS		
CITY-ST- ZIP	<b>PORT SAINT LUCIE, FL 34984</b>		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.					
<b>SIGNATURE:</b>  <b>GLENN KRUMENACKER</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <b>6/21/06</b> Daytime Phone #: <b>772 343 9948</b>					

40096763

