

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005721

FILED
Jun 16, 2008
Secretary of State

Entity Name: SOUTHBEND RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business:

000 SOUTHBEND BV
PORT ST. LUCIE, FL 34984

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: MOUGEOTTE, JAMES
Address: 2962 SE BELLA RD
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: KRUMENACKER, GLENN
Address: 2932 SE MINT CT
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D () Delete
Name: POLAKOW, ROBERT
Address: 2808 SE TATE AVE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D () Delete
Name: MATONTI, VINCENT
Address: 3255 SE PINTO ST
City-St-Zip: PORT SAINT LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

06/16/2008

Electronic Signature of Signing Officer or Director

Date