2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90151 021 ****61.25

DOCUMENT # N97000005721

1. Entity Name
SOUTHBEND RESIDENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 7506 PORT ST. LUCIE FL 34985-7506	POST OFFICE BOX 7506 PORT ST. LUCIE FL 34985-7506

☐ CHECK HERE IF MAKING CHANGES

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 65-0784154 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FASULA, GREGORY G 1680 SW BAYSHORE BLVD STE 107 PORT SAINT LUCIE FL 34984	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBLES, HARRY 602 SE DALEY CT PORT ST. LUCIE FL 34984	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SANDERS, JAMES 302 SE. SIMS CIR. PORT SAINT LUCIE FL 34984	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT (LAST NAME) MARY ELLEN ARZICH 3545 S.E. HYDE CIRCLE PORT SAINT LUCIE, FL 34984	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GENCSY, RAE 2825 SE PERU ST. PORT SAINT LUCIE FL 34984	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATOS, JULIE 3246 S.E. QUAY STREET PORT SAINT LUCIE, FL 34984	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAY, DENNIS 606 S.E. STOW TERRACE PORT SAINT LUCIE FL 34984	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELKINS, JILLIAN 2899 SE PACE DR PORT SAINT LUCIE FL 34984	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRAMMER, ARLENE 335 S.E. FISK ROAD PORT SAINT LUCIE, FL 34984	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANNI, JOHN 3246 S.E. WEST SNOW RD PORT SAINT LUCIE FL 34984	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 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: [illegible] PRESIDENT May 3 2003 (772) 336-5926