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FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000004600 (8)**

1. Corporation Name

FLORIDA LIFESTYLE PROPERTY MANAGEMENT OF ST. LUCIE COUNTY, INC.

Principal Place of Business

**590 NW PEACOCK LOOP
PORT ST LUCIE FL 34986**

Mailing Address

**590 NW PEACOCK LOOP
PORT ST LUCIE FL 34986-2208**

3. Date Incorporated or Qualified

01/11/1996

3a. Date of Last Report

2. Principal Place of Business

21 590 N.W. Peacock Blvd

2a. Mailing Address

26 590 N.W. Peacock Blvd

4. FEI Number

65-0636266

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24 Zip

Country

29 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**DEJESUS, ESTHER
590 NW PEACOCK LOOP
PORT ST LUCIE FL 34986**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

590 N.W. Peacock Blvd

83 Suite 1

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE ☐ DELETE

**D
DEJESUS, ESTHER
590 NW PEACOCK LOOP
PORT ST LUCIE FL 34986**

TITLE ☐ DELETE

**D
KOTCH, EDWARD
590 NW PEACOCK LOOP
PORT ST LUCIE FL 34986**

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE ☒ Change ☒ Addition

D/V/S

1.2 NAME

1.3 STREET ADDRESS **590 N.W. Peacock Blvd Suite 1**

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☒ Addition

D/P/T

2.2 NAME

2.3 STREET ADDRESS **590 N.W. Peacock Blvd Suite 1**

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0474993

CR2E034 (9/96)

428-97 561
871-0004