

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08 1998 8:00am
Secretary of State

DOCUMENT # P96000004600 (8)

1. Corporation Name

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

Principal Place of Business

590 NW PEACOCK BLVD
1
PORT ST LUCIE FL 34986
US

Mailing Address

590 NW PEACOCK BLVD
1
PORT ST LUCIE FL 34986
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1996

4. FEI Number

65-0636266

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 3021 SW Grapevine Lane
Suite, Apt. #, etc.

2a. Mailing Address

26 3021 SW Grapevine Lane
Suite, Apt. #, etc.

22 City & State
Palm City FL

27 City & State
Palm City FL

23 Zip Country
34990

28 Zip Country
34990

24 34990

25

29 34990

30

9. Name and Address of Current Registered Agent

DEJESUS, ESTHER
590 NW PEACOCK BLVD
SUITE 1
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)

2001 SE Van Klee

83

84

Port St. Lucie

FL

85 Zip Code

34952

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 DVS ☐ DELETE

NAME DEJESUS, ESTHER
STREET ADDRESS 590 NW PEACOCK BLVD SUITE 1
CITY-ST-ZIP PORT ST LUCIE FL

TITLE DPT ☐ DELETE

NAME KOTCH, EDWARD
STREET ADDRESS 590 NW PEACOCK BLVD SUITE 1
CITY-ST-ZIP PORT ST LUCIE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2001 SE Van Klee
Port St. Lucie FL 34952

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3021 S.W. Grapevine Lane
Palm City FL 34990

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

Ed Jesus 11/11/96 Edward Kotch Pres

Date

4-7-98

561-285-0655

Daytime Phone # 0485236

CR2E034 (10/97)