

997000099421



1514 S.E. Port St. Lucie Blvd.  
Port St. Lucie, Florida 34952

Phone: 561-398-4242  
Stluciere@yahoo.com

Fax: 561-335-8305  
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February 21, 2002

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

800005001848--2  
-02/25/02--01098--010  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

To Whom It May Concern:

Enclosed please find a form I got from the internet for a name change for the owner of St. Lucie Realty, Inc.

I've also enclosed a copy of my marriage license, which is dated on 2-2-02, and it was filed on 2-4-02 in St. Lucie County.

Hopefully this is the correct form needed for the name change. If not, please let me know the proper form needed. I would appreciate it if you could either send or fax me the correct form.

Sincerely,

Nancy Cook  
Licensed Real Estate Broker

RA/Change  
3/1/02  
19

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 FEB 25 PM 6:21

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : ST. Lucie Realty, INC.
2. The mailing address of the corporation : 1902 S.E. Burgundy Ln.  
Port ST. Lucie, FL. 34952
3. Date of incorporation/qualification: 11-21-97 Document number: P97000099421
4. The name and address of the current registered agent and office:

Nancy J. Giovannoni - Pres.  
1902 S.E. Burgundy Ln.  
Port ST. Lucie, FL. 34952

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

Nancy J. Cook - Pres.  
1902 S.E. Burgundy Ln.  
Port ST. Lucie, FL. 34952

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Nancy J. Giovannoni  
(Signature of an officer, chairman or vice chairman of the board)

2-14-02  
(Date)

Nancy Giovannoni - Pres  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Nancy J. Cook  
(Signature of Registered Agent)

2-18-02  
(Date)

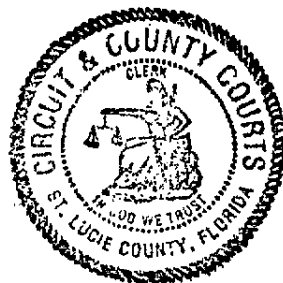
If signing on behalf of an entity:

Nancy J. Cook  
(Typed or Printed Name)

Pres.  
(Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*

STATE OF FLORIDA  
ST. LUCIE COUNTY  
THIS IS TO CERTIFY THAT THIS IS A  
TRUE AND CORRECT COPY OF THE  
ORIGINAL.



JOANNE HOLMAN, CLERK

BY

Deputy Clerk

DATE

Department of Health • Vital Statistics

STATE OF FLORIDA

MARRIAGE RECORD

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

DATE RET'D

FEBRUARY 04, 2002

BY

JOYCE BARRON HILL, DC

BK96 PG 405

OATH XX

02-07P Mh 21

(STATE FILE NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) WALTER HOWARD COOK			2. DATE OF BIRTH (Month, Day, Year) DECEMBER 02, 1932	
3a. RESIDENCE - CITY, TOWN, OR LOCATION PORT ST LUCIE	3b. COUNTY ST LUCIE	3c. STATE FLORIDA	BIRTHPLACE (State or Foreign Country) MASSACHUSETTS	
5a. BRIDE'S NAME (First, Middle, Last) NANCY JO GIOVANNONI			5b. MAIDEN SURNAME (if different) NANCY JO GIOVANNONI	
7a. RESIDENCE - CITY, TOWN, OR LOCATION PORT ST LUCIE			7b. COUNTY ST LUCIE	7c. STATE FLORIDA
			6. BIRTHPLACE (State or Foreign Country) ILLINOIS	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) Walter H. Cook	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) JANUARY 08, 2002
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) Mildred C. Kline
13. SIGNATURE OF BRIDE (Sign full name using black ink) Nancy Jo Giovannoni	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) JANUARY 08, 2002
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) Mildred C. Kline

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE ST LUCIE	18. DATE LICENSE ISSUED JANUARY 08, 2002	19a. DATE LICENSE EFFECTIVE JANUARY 11, 2002	19. EXPIRATION DATE MARCH 11, 2002
20a. SIGNATURE OF COURT CLERK OR JUDGE Mildred C. Kline	20b. TITLE DEPUTY CLERK	20c. BY D.C. BCK	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 02/02/02	22. CITY, TOWN, OR LOCATION OF MARRIAGE Port St. Lucie
23. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) Anna Marie Winterborn	24. ADDRESS (Of person performing ceremony) 700 S.E. 1st Ave. Ft. Pierce, FL 34949
25. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Anna Marie Winterborn Notary Public	26. SIGNATURE OF WITNESS (Use black ink) Thomas C. Kline

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

27. SOCIAL SECURITY NUMBER 019-27-173	28. RACE WHITE	29. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	30. IF ANSWER IS YES TO ITEM 29, HOW MANY TIMES? 4	31. DIVORCE	32. DATE LAST MARRIAGE ENDED (Mo., Day, Year) OCTOBER 21, 1997
33. SOCIAL SECURITY NUMBER 361-44-5237	34. RACE WHITE	35. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	36. IF ANSWER IS YES TO ITEM 35, HOW MANY TIMES? 1	37. DIVORCE	38. DATE LAST MARRIAGE ENDED (Mo., Day, Year) AUGUST 01, 1979