

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741205

Entity Name: REALTORS ASSOCIATION OF ST. LUCIE, INC.**Current Principal Place of Business:**6666 S. US HWY #1
SUITE 1
PORT SAINT LUCIE, FL 34952**Current Mailing Address:**6666 S. US HWY #1
SUITE 1
PORT SAINT LUCIE, FL 34952 US**FEI Number:** 59-1795822**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHERRARD, JOHN
34 EAST FIFTH STREET
STUART, FL 34994 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**Officer/Director Detail :**

Title	VP
Name	SLUSSER, KATHY
Address	6666 S. US HWY #1 SUITE 1
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	PRESIDENT
Name	WONDERLING, DONN
Address	6666 S. US HWY #1 SUITE 1
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	PRESIDENT ELECT
Name	SLIVON, JOHN
Address	6666 S. US HWY #1 SUITE 1
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	TREASURER
Name	LOBRUTTO, WILLIAM
Address	6666 S. US HWY #1 SUITE 1
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	CEO
Name	STORMS, STACI A
Address	1749 SE MARIANA RD
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	SECRETARY
Name	HOGUE, GEOFF
Address	6666 S. US HWY #1 SUITE 1
City-State-Zip:	PORT SAINT LUCIE FL 34952

I hereby 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 all other like empowered.

SIGNATURE: STACI STORMS

CEO

02/06/2013

Electronic Signature of Signing Officer/Director Detail_____
Date