

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000003940

**Entity Name:** ST. LUCIE COUNTY HUNDRED CLUB, INC.**Current Principal Place of Business:**4700 W. MIDWAY RD  
FORT PIERCE, FL 34981**Current Mailing Address:**POST OFFICE BOX 13628  
FORT PIERCE, FL 34979 US**FEI Number: 46-2624460****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, GARRY  
4111 GATOR TRACE ROAD  
FORT PIERCE, FL 34952 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	P/D
Name	BERGER, JASON
Address	850 NW FEDERAL HIGHWAY SUITE 103
City-State-Zip:	STUART FL 34994

Title	T/D
Name	WILSON, GARRY
Address	4111 GATOR TRACE ROAD
City-State-Zip:	FORT PIERCE FL 34952

Title	VP2/D
Name	SPERA, NATE
Address	2096 SE HANFORD ROAD
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	VP/D
Name	WALKER, JULIANA
Address	4700 W. MIDWAY RD.
City-State-Zip:	FORT PIERCE FL 34981

Title	S/D
Name	BOLDUC, JOHN
Address	12355 CRUSADER PLACE
City-State-Zip:	PORT ST LUCIE FL 34987

*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: GARRY WILSON****TREASURER****05/02/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date