

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G24306

**Entity Name:** ST. LUCIE RIVER MANAGEMENT, INC.

**Current Principal Place of Business:**

ONE NORTH CLEMATIS ST  
SUITE 200  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

ONE NORTH CLEMATIS ST  
SUITE 200  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 59-2268074

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TABERNILLA, ARMANDO A  
ONE NORTH CLEMATIS STREET  
SUITE 200  
WEST PALM BEACH, FL 33401 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           DPS  
Name           FANJUL, ALFONSO  
Address        ONE NORTH CLEMATIS ST SUITE 200  
  
City-State-Zip: WEST PALM BEACH FL 33401

Title           EVDT  
Name           FANJUL, JOSE  
Address        ONE NORTH CLEMATIS ST SUITE 200  
  
City-State-Zip: WEST PALM BEACH FL 33401

Title           AS  
Name           DEL BUSTO, JORGE  
Address        ONE NORTH CLEMATIS ST SUITE 200  
  
City-State-Zip: WEST PALM BEACH FL 33401

Title           AS  
Name           TABERNILLA, ARMANDO A  
Address        ONE NORTH CLEMATIS ST SUITE 200  
  
City-State-Zip: WEST PALM BEACH FL 33401

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ARMANDO A. TABERNILLA

AS

04/03/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date