

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007010

**FILED**  
**Apr 03, 2011**  
**Secretary of State**

**Entity Name:** ROYAL PALMS OF ST. LUCIE, INC.

**Current Principal Place of Business:**

7667 CHARLESTON WAY  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

POBOX 3353  
FORT PIERCE, FL 34948

**New Mailing Address:**

P.O. BOX 12334  
FORT PIERCE, FL 34979

**FEI Number:** 02-0643004

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WEDEBROOK, JENNIFER  
7667 CHARLESTON WAY  
PORT SAINT LUCIE, FL 34986 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WEDEBROOK, JENNIFER  
Address: 7667 CHARLESTON WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T  
Name: LUCAS, VICKY  
Address: 5413 SEAGRAPE DR  
City-St-Zip: FORT PIERCE, FL 34982

Title: VP  
Name: BRYER, DEBBIE  
Address: 148 SW MILBURN CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S  
Name: ARNOLD, LINDSAY  
Address: 11810 SW BENNINGTON CIRCLE  
City-St-Zip: PORT SAINT 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: JENNIFER WEDEBROOK

P

04/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date