2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # N05000002966

1. Entity Name
ST. LUCIE LANDINGS RESIDENTS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
100 SW ALBANY AVE STE 110 STUART, FL 34994	100 SW ALBANY AVE STE 110 STUART, FL 34994

DO NOT WRITE IN THIS SPACE

04092007 No Chg-NP CR2E037 (4/06)

4. FEI Number
81-0670143
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHAFFER, MARTIN
100 SW ALBANY AVE STE 110
STUART, FL 34994

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHAFFER, MARTIN
STREET ADDRESS	100 SW ALBANY AVE STE 110
CITY-ST-ZIP	STUART, FL 34994
TITLE	VD
NAME	MORGINSTIN, ELIEZER
STREET ADDRESS	100 SW ALBANY AVE STE 110
CITY-ST-ZIP	STUART, FL 34994
TITLE	S
NAME	CHAPMAN, JOHN W
STREET ADDRESS	100 SW ALBANY AVE STE 110
CITY-ST-ZIP	STUART, FL 34994
TITLE	T
NAME	CHAPMAN, RICHARD
STREET ADDRESS	100 SW ALBANY AVE STE 110
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/24/07-80126-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/13/07 772-463-0194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #