2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State
03-23-2005 90033 045 ****61.25

DOCUMENT # N24752

1. Entity Name
ST. LUCIE WEST INDUSTRIAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1850 FOUNTAINVIEW BLVD SUITE 201 PORT ST. LUCIE, FL 34986 US	1850 FOUNTAINVIEW BLVD SUITE 201 PORT ST. LUCIE, FL 34986 US

03162005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1304 SW Bayshore Blvd Suite, Apt. #, etc.
City & State	Port St. Lucie, FL City & State
Zip / Country	34983 Zip / Country

4. FEI Number 65-0141249 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, JAMES H
1850 FOUNTAIN BLVD
SUITE 201
PORT ST. LUCIE, FL 34986

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
10521 SW Village Center Dr. #201

City Port St. Lucie **FL** Zip Code 34987

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

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALLAGHER, JOHN P 1850 FOUNTAINVIEW BLVD., SUITE 201 PORT ST. LUCIE, FL 34986	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ANDERSON, JAMES H 1850 FOUNTAINVIEW BLVD., STE 201 PORT ST. LUCIE, FL 34986	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PAGE, DAVID C 1850 FOUNTAINVIEW BLVD., STE 201 PORT ST. LUCIE, FL 34986	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LANDRY, PHYLLIS 1850 FOUNTAINVIEW BLVD., STE 201 PORT ST. LUCIE, FL 34986	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Phyllis Landry Phyllis Landry 3/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #