2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N24752

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

Current Principal Place of Business:

430 NW LAKE WHITNEY PL
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

430 NW LAKE WHITNEY PL
SUITE 201
PORT SAINT LUCIE, FL 34986 US

New Mailing Address:

430 NW LAKE WHITNEY PL
PORT SAINT LUCIE, FL 34986 US

FEI Number: 65-0141249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAY ASSOCIATION MANAGEMENT
430 NW LAKE WHITNEY PLACE
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

BAYSHORE ASSOCIATION MANAGEMENT
430 NW LAKE WHITNEY PLACE
PORT SAINT LUCIE, FL 34986 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: LINDA MOUTOGIANNIS 04/17/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: OLNERSTEAD, CLARK
Address: PO BOX 643045
City-St-Zip: VERO BEACH, FL 32964 US

Title: S ( ) Delete
Name: GILLUM, KEVIN
Address: 694 NW ENTERPRISE DR.
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: T ( ) Delete
Name: MALSCHNEE, STEVE
Address: 1379 5W BILTMORE ST.
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: D ( ) Delete
Name: SANSONE, NICHOLAS
Address: 667 NW ENTERPRISE DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP ( ) Delete
Name: O'LEARY, MICHAEL
Address: 760 NW ENTERPRISE DR.
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: OLMSTEAD, CLARK
Address: PO BOX 643045
City-St-Zip: VERO BEACH, FL 32964 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEVE MALSCHNEE T 04/17/2009
Electronic Signature of Signing Officer or Director Date