

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 417502

FILED
Apr 19, 2009
Secretary of State

Entity Name: FLORIDA LIFESTYLE MANAGEMENT COMPANY

Current Principal Place of Business:

224301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

24301 WALDEN CENTER DR
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 59-1505694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASTINGS, VIVIEN N
24301 WALDEN CENTER DR
BONITA SPRINGS, FL 34134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FRY, DAVID L
Address: 24801 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DVT () Delete
Name: SCHEIDEMAN, ERNEST
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VAS () Delete
Name: CULLEN, JAMES D
Address: 24301 WALDEN CENTER DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: STARKEY, JERRY L
Address: 24301 WALDEN CENTER DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VS (X) Delete
Name: HASTINGS, VIVIEN
Address: 24301 WALDEN CENTER DR.
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: PERTCHIK, JONATHAN
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VT (X) Change () Addition
Name: DEVENDORF, RUSSELL
Address: 24301 WALDEN CENTER DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VS (X) Change () Addition
Name: HASTINGS, VIVIEN N
Address: 24301 WALDEN CENTER DR
City-St-Zip: BONITA SPRINGS, FL 34134

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

SIGNATURE: ANN ROCZKO

MS

04/19/2009

Electronic Signature of Signing Officer or Director

_____ Date