2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 18, 2008 8:00 am Secretary of State

1. Entity Name SAINT LUCIE ASSOCIATION, INC.				08-	-18-2008 9	90002 047 3	****70.0	00
Principal Place of Business 451 S.W. RAVENSWOOD LN. PT. ST. LUCIE, FL 34983-2080	Mailing Address 451 S.W. RAVENSWOOD PT. ST. LUCIE, FL 3498							
2. Principal Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.		0)7082008 Ch	ng-NP	CR2E037	(12/06)	
City & State City & State			4.	FEI Number 59-210080	7			olied For Applicable
Zip Country	Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current F	legistered Agent		7.	. Name and Add	ress of New F	Registered Ag	ent	
ERRICO, VINCENT 890 STREAMLET AVE		Stree	Address (P.O.	Box Number is N	Not Acceptable			
PORT SAINT LUCIE, FL 34983						- 1		
		City	4	Lucia		FL	Zip Code	203
 The above named entity submits this statement for the obligations of registered agent. 	the purpose of changing its	registered office	or registered a	agent, or both, in	the State of Fl	orida. I am far	niliar with,	and accept
SIGNATURE Signature, typed or printed name of agistered agent a	and title If applicable. (NOTE	E: Registered Agent sig	nature required when	n reinstating)		8/8/o	8	
Filing Fee is \$61.25 9. Election Car Due by September 12, 2008 Trust Fund 0		npaign Financine Contribution.		5.00 May Be Ided to Fees	Flo	lake check p rida Departn		
10. OFFICERS AND DIR	ECTODO							
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

340-2020

Daytime Phone #