2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State
04-11-2008 90038 028 ****61.25

DOCUMENT # 760377

1. Entity Name

ST. LUCIE CLUB, INC.

Principal Place of Business	Mailing Address
162 SE ST LUCIE BLVD STUART FL 34996	JAS MANAGEMENT CORP. 339 NW TRES LANE TRACE PORT SAINT LUCIE FL 34986

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2296696 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JAS MANAGEMENT CORP.
339 NW TRES LANE TRACE
PORT SAINT LUCIE FL 34986

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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	SD LUKACS, THEODORE 166 SE ST. LUCIE BLVD STUART FL 34996	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LANCE WILLOCK 166 SE St Lucie Blvd STUART, FL 34996	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BASIL, SANDRA 166 SE ST LUCIE BLVD STUART FL 34996	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P Chuck Leone 162 SE St Lucie Blvd Stuart, FL 34996	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIRKWOOD, DIANE 162 SE ST LUCIE BLVD STUART FL 34996	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREAS DONNA PATTON 160 SE St Lucie Blvd Stuart FL 34996	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILLOCK, LANCE 166 SE ST LUCIE BLVD, D403 STUART FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRECCO, NICK 162 SE ST LUCIE BLVD STUART FL 34996	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GANNON, JOAN 160 SE ST LUCIE BLVD STUART FL 34996	☐ 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 exemptions contained in Section 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: _____