2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 10, 2006 8:00 am **DOCUMENT # 762124 Secretary of State** 1. Entity Name 03-10-2006 90005 039 ****61.25 VISTA ST. LUCIE ASSOCIATION, INC. Principal Place of Business Mailing Address 30 A LAKE VISTA TRAIL PT ST LUCIE FL 34952 30 A LAKE VISTA TRAIL PT ST LUCIE FL 34952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-2314873 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCINTYRE, THOMAS 30-A LAKE VISTA TRAIL Street Address (P.O. Box Number is Not Acceptable) PT ST LUCIE FL 34952 City 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. 126/06 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 **\$5.00** May Be 9. Election Campaign Financing Make Check Payable to , j. Trust Fund Contribution. Due By May 1, 2006 Florida Department of State 3 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete Addition ☐ Change TITLE TITLE FIELDING, ROBERT NAME NAME Jake Uista 7 LAKE VISTA TRAIL #207 STREET ADDRESS STREET ADDRESS Port St. Lucie FL 34952 PORT SAINT LUCIE FL 34952 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE [Change Addition TITLE HILL, RICHARD NAME 33 LAKE VISTA TRAIL #202 STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL 34952 Roth ST Luca Fl. 34952 CITY-ST-ZIP CITY-ST-ZIP Telete Change Addition TITLE FITLE Osnata Roack JONES, ROBERT A NAME NAME 27 Late U.st. 11 106 33 LAKE VISTA TRAIL STREET ADDRESS STREET ADDRESS Port ST. Lucre FL. 3492 CITY-ST-21P PORT ST. LUCIE FL 34952 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME DESROCHERS, JOSEPH NAME STREET ADDRESS 4 LAKE VISTA TRAIL, # 201 STREET ADDRESS PORT SAINT LUCIE FL 34952 CITY-\$1-7IP CITY-ST-ZIP Addition TITLE TITLE ☐ Change eleteے Diene Gallery 32 Lake U. Sh ANDRVSZKO, RAYMOND NAME NAME 30 LAKE VISTA TRAIL. # 204 STREET ADDRESS STREET ADDRESS PORT SAINT LUCIE FL 34952 CITY+ST-ZIP Port ST. Lucie 77.34952 CITY-ST-ZIP VP TITLE ☐ Change ☐ Addition TITEE ☐ Detete OLESKY, LORRAINE NAME NAME 16 LAKE VISTA TRAIL, # 205 STREET ADDRESS STREET ADDRESS PORT SAINT LUCIE FL 34952 CITY-ST-ZIP CITY-ST-ZIP

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:

FILED