


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 AM
Secretary of State

DOCUMENT # 762124 1. Entity Name VISTA ST. LUCIE ASSOCIATION, INC.	
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Principal Place of Business 30 A LAKE VISTA TRAIL PT ST LUCIE, FL 34952	Mailing Address 30 A LAKE VISTA TRAIL PT ST LUCIE, FL 34952
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DO NOT WRITE IN THIS SPACE



03032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2314873	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RYDZEWSKI, ROBERT G JR. CORNETT, GOOGE & ASSOCIATES, A. 401 EAST OSCEOLA STREET STUART, FL 34994

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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHANDLER, DONNA 8 LAKE VISTA TRL 204 PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENTHAL, WILLIAM 1 LAKE VISTA TRL 201 PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROACH, DONALD 27 LAKE VISTA TRL 106 PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESROCHERS, JOSEPH 4 LAKE VISTA TRAIL, # 201 PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALLERY, DIANE 32 LAKE VISTA TRAIL #201 PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLESKY, LORRAINE 16 LAKE VISTA TRAIL, # 205 PORT SAINT LUCIE, FL 34952

000000848207
03/20/08-80008-006 61.25

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> LORRAINE M. OLESKY, V.P.	3/3/08 (772) 878-6632 <small>Date Daytime Phone #</small>
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