

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762124

FILED
Mar 23, 2009
Secretary of State

Entity Name: VISTA ST. LUCIE ASSOCIATION, INC.

Current Principal Place of Business:

30 A LAKE VISTA TRAIL
PT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

30 A LAKE VISTA TRAIL
PT ST LUCIE, FL 34952

New Mailing Address:

FEI Number: 59-2314873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RYDZEWSKI, ROBERT G JR.
CORNETT, GOOGE & ASSOCIATES, .A.
401 EAST OSCEOLA STREET
STUART, FL 34994 US

Name and Address of New Registered Agent:

RYDZEWSKI, ROBERT G JR.
CORNETT, GOOGE & ASSOCIATES, P.A.
401 EAST OSCEOLA STREET
STUART, FL 34994 US

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: ROBERT G. RYDZEWSKI, JR.

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CHANDLER, DONNA
Address: 8 LAKE VISTA TRL 204
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: ROSENTHAL, WILLIAM
Address: 1 LAKE VISTA TRL 201
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: ROACH, DONALD
Address: 27 LAKE VISTA TRL 106
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: P () Delete
Name: DESROCHERS, JOSEPH
Address: 4 LAKE VISTA TRAIL, # 201
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S () Delete
Name: GALLERY, DIANE
Address: 32 LAKE VISTA TRAIL #201
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP () Delete
Name: OLESKY, LORRAINE
Address: 16 LAKE VISTA TRAIL, # 205
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: CHANDLER, DONNA E
Address: 8 LAKE VISTA TRL 204
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

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

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

SIGNATURE: DONNA E. CHANDLER

T

03/23/2009

Electronic Signature of Signing Officer or Director

Date