

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G24306

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: ST. LUCIE RIVER MANAGEMENT, INC.

## Current Principal Place of Business:

ONE NORTH CLEMATIS ST  
SUITE 200  
WEST PALM BEACH, FL 33401 US

## New Principal Place of Business:

## Current Mailing Address:

ONE NORTH CLEMATIS ST  
SUITE 200  
WEST PALM BEACH, FL 33401 US

## New Mailing Address:

FEI Number: 59-2268074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARSON, DONALD W.  
ONE NORTH CLEMATIS STREET  
SUITE 200  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

TABERNILLA, ARMANDO A  
ONE NORTH CLEMATIS STREET  
SUITE 200  
WEST PALM BEACH, FL 33401 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: ARMANDO A. TABERNILLA

03/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SVAS ( ) Delete  
Name: CARSON, DONALD W  
Address: ONE NORTH CLEMATIS ST SUITE 200  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DPS ( ) Delete  
Name: FANJUL, ALFONSO  
Address: ONE NORTH CLEMATIS ST SUITE 200  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: EVDT ( ) Delete  
Name: FANJUL, JOSE  
Address: ONE NORTH CLEMATIS ST SUITE 200  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: AS ( ) Delete  
Name: DEL BUSTO, JORGE  
Address: ONE NORTH CLEMATIS ST SUITE 200  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: AS ( ) Delete  
Name: TABERNILLA, ARMANDO A  
Address: ONE NORTH CLEMATIS ST SUITE 200  
City-St-Zip: WEST PALM BEACH, FL 33401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO A. TABERNILLA

A.S.

03/27/2009

Electronic Signature of Signing Officer or Director

Date