


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90184 044 \*\*\*\*61.25

**DOCUMENT # N00000008140**

1. Entity Name  
**THE VINEYARDS AT ST. LUCIE WEST RESIDENTS' ASSOCIATION, INC.**



Principal Place of Business  
**1304 SW BAYSHORE BLVD  
 PORT ST LUCIE, FL 34983**

Mailing Address  
**1304 SW BAYSHORE BLVD  
 PORT ST LUCIE, FL 34983**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



03172005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**56-2289362** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**BAYSHORE ASSOCIATION MANAGEMENT, INC.  
 1304 SW BAYSHORE BLVD  
 PORT ST LUCIE, FL 34983**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

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                      | PD                         | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | PETRUZZELLI, PHILIP        |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             | 482 PORT ST. LUCIE BLVD SW |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                | PORT ST LUCIE, FL 34953    |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      | SD                         | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | PETRUZZELLI, MARILYN       |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             | 482 PORT ST. LUCIE BLVD SW |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                | PORT ST LUCIE, FL 34953    |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      | TD                         | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | TALERICO, STEVEN           |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             | 482 PORT ST. LUCIE BLVD SW |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                | PORT ST LUCIE, FL 34953    |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      | VD                         | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | TALERICO, DAVID            |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             | 482 PORT ST. LUCIE BLVD SW |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                | PORT ST LUCIE, FL 34953    |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      | VD                         | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | TALERICO, HENRY            |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             | 482 PORT ST. LUCIE BLVD SW |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                | PORT ST LUCIE, FL 34953    |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      |                            | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                            |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             |                            |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                |                            |                                 |  | CITY-ST-ZIP   |  |   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 my address, with all other like empowered.

**SIGNATURE:**  **4-5-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #