


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/ **FILED**
Jun 12, 2006 8:00 am
Secretary of State

05-01-2006 90486 016 ****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**

66018429



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

04102006 Chg-NP CR2E037 (11/05)

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is **\$81.25** Due by **May 1, 2006**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Shawn Reilly	1304 SW Bayshore Blvd	Port St. Lucie, FL 34983	<input type="checkbox"/>	<input type="checkbox"/>
TD	Christopher Reed	1304 SW Bayshore Blvd	Port St. Lucie, FL 34986	<input type="checkbox"/>	<input type="checkbox"/>
VD	Wes McCURRY	1304 SW Bayshore Blvd	Port St. Lucie, FL 34986	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Christopher Reed **6-5-06-772 871-0004**

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