


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

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90023 007 \*\*\*\*61.25

**DOCUMENT # N00000008140**

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



40049020



Principal Place of Business  
**759 SOUTH FEDERAL HIGHWAY SUITE 212 STUART, FL 34994**

Mailing Address  
**759 SOUTH FEDERAL HIGHWAY SUITE 212 STUART, FL 34994**

03112008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #  
**BAYSHORE ASSOC. MGMT**

3. Mailing Address  
**BAYSHORE ASSOC. MGMT**

Suite, Apt. #, etc.  
**430 NW LAKE WHITNEY PL**

Suite, Apt. #, etc.  
**PO BOX 880038**

City & State  
**PORT ST LUCIE FL**

City & State  
**PORT ST LUCIE, FL**

4. FEI Number  
**56-2289362**

Applied For  
 Not Applicable

Zip  
**34986**

Country  
**US**

Zip  
**34988**

Country  
**US**

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

6. Name and Address of Current Registered Agent

**ROSS EARLE & BROWN, P.A.**  
**759 SOUTH FEDERAL HIGHWAY SUITE 212 ATTN: DEBORAH ROSS STUART, FL 34994**

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, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HALDANE, TOM 896 SW GRAND RESERVES BLVD PORT SAINT LUCIE, FL 34986 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORGENSTERN, MICHAEL 894 SW GRAND RESERVES BLVD PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAGLIONE, SAM 941 SW GRAND RESERVES BLVD PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Tim Hoeg</b> <b>895 S.W. Grand Reserves Blvd.</b> <b>Port Saint Lucie, FL 34986</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KING, ROBERT 953 SW GRAND RESERVES BLVD PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARWOSKI, GARY 834 SW GRAND RESERVES BLVD PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael Morgenstern **MICHAEL MORGENSTEEN** **pres. 3/13/08 (TA) 344-0337**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #