


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
08 DEC 22 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|--|--|--|--|--|--|
| DOCUMENT # N00000008140 1. Entity Name THE VINEYARDS AT ST. LUCIE WEST RESIDENTS' ASSOCIATION, INC. | | | |  | |
| Principal Place of Business BAYSHORE ASSOC. MGMT 430 NW LAKE WHITNEY PL PORT SAINT LUCIE, FL 34986 | | Mailing Address BAYSHORE ASSOC. MGMT 430 NW LAKE WHITNEY PL PORT SAINT LUCIE, FL 34986 | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 56-2289362 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | P MORGENSTERN, MICHAEL 894 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 100139209531 12/22/08--01060--002 **\$61.25 | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 | DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KARWOSKI, GARY 834 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 | D HOEG, TIM 895 SW GRAND RESERVES BLVD PORT SAINT LUCIE, FL 34986 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CALVIN THOMAS 845 SW GRAND RESERVES BLVD PORT SAINT LUCIE, FL 34986 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TOM HALDANE 896 SW GRAND RESERVES BLVD PORT SAINT LUCIE, FL 34986 | | |
| 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: <u>Michael Morgenstern pres.</u> | | | Date: <u>12/19/08</u> 772-871-0004 | | |

M. 12/22