

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N00000008140

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

Current Principal Place of Business:

BAYSHORE ASSOC. MGMT
430 NW LAKE WHITNEY PL
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

New Mailing Address:

BAYSHORE ASSOC. MGMT
PO BOX 880038
PORT SAINT LUCIE, FL 34988

Current Mailing Address:

BAYSHORE ASSOC. MGMT
430 NW LAKE WHITNEY PL
PORT SAINT LUCIE, FL 34986

FEI Number: 56-2289362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ROSS EARLE & BONAN, P.A.
759 SOUTH FEDERAL HIGHWAY
SUITE 212 ATTN: DEBORAH ROSS
STUART, FL 34994 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: ROSS EARLE & BONA, PA

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORGENSTERN, MICHAEL
Address: 894 SW GRAND RESERVES BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD () Delete
Name: PAGLIONE, SAM
Address: 941 SW GRAND RESERVES BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: KING, ROBERT
Address: 953 SW GRAND RESERVES BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: THOMAS, CALVIN
Address: 895 SW GRAND RESERVES BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VPS (X) Delete
Name: HALDANE, TOM
Address: 896 SW GRAND RESERVES BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPS (X) Change () Addition
Name: HALDANE, TOM
Address: 896 SW GRAND RESERVES BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34986

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MORGENSTERN

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date