

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008140

FILED
Mar 03, 2010
Secretary of State

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:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

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

Title: VP
Name: HALDANE, TOM
Address: 896 SW GRAND RESERVES BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D
Name: STERMER, JUDITH
Address: 923 SW GRAND RESERVES BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S
Name: CHURCH, CHERYL
Address: 830 SW GRAND RESERVES BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL MORGENSTERN

P

03/03/2010

Electronic Signature of Signing Officer or Director

_____ Date