

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90055 043 ****61.25

DOCUMENT # N01000003397

1. Entity Name
LA BUONA VITA CO-OP, INC.



Principal Place of Business
**8601 SOUTH FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34952-3304**

Mailing Address
**1111 SW FEDERAL HWY STE 100
STUART, FL 34994**

60029082



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-1106277

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**BERNSTEIN, DAVID S ESQ.
RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL
150 SECOND AVENUE NORTH, 17TH FLOOR
ST. PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent

Name **LORRAINE H. KEPT**
Street Address (P.O. Box Number is Not Acceptable)
**1111 SW FEDERAL HWY,
SUITE 100**
City **STUART** FL Zip Code **34994**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 **PD** ☐ Delete
NAME **DALEY, THOMAS**
STREET ADDRESS **8618 FLORENCE DRIVE**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34952**

TITLE **VPD** ☐ Delete
NAME **HAWKINS, ANN**
STREET ADDRESS **541 JOANNE LANE**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34952**

TITLE **D** ☐ Delete
NAME **CHIAROLANZIO, JACQUELINE**
STREET ADDRESS **511 BARBARA ANN LANE #138**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34952**

TITLE **D** ☐ Delete
NAME **RIDEOUT, ELEANOR**
STREET ADDRESS **510 JOANNE LANE**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34952**

TITLE **SD** ☒ Delete
NAME **BROWN, JAMES**
STREET ADDRESS **8531 FLORENCE DR. #56**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34952**

TITLE **TD** ☒ Delete
NAME **WILKINS, JAMES**
STREET ADDRESS **400 NATALIE DRIVE**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34952**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition
NAME **SOVEL, JAMES**
STREET ADDRESS **8490 FLORENCE DR. #47**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **D** ☐ Change ☒ Addition
NAME **EPLION, DONALD**
STREET ADDRESS **550 LA BUONA VITA DR. #147**
CITY-ST-ZIP **PORT ST. LUCIE, FL 34952**

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:

Thomas J. Daley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/07 772 879-4300

La Buena Vita Co-Op
N01000003397

ATTACHMENT

60029082

ADDITION

Grimaldi, Frank
591 LA BUENA VITA DR. #53
Port St. Lucie, FL 34952