

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90054 019 ****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**

40041380



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282008

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

7. Name and Address of New Registered Agent

**KERT, LORRAINE H
1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994**

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME **ROSS, MARY**
STREET ADDRESS **400 LA BUONA VITA DR. - #177**
CITY-ST-ZIP **PORT ST. LUCIE - FL 34952**

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

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

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

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

TITLE VPD ☐ Delete
NAME SOVEL, JAMES
STREET ADDRESS 8490 FLORENCE DR #47
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

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

TITLE D ☐ Delete
NAME EPLION, DONALD
STREET ADDRESS 550 LABUONA VITA DR #147
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

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

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 THOMAS J. DALEY

3-6-08

772 879-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #