

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003397

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

FILED  
Mar 17, 2009  
Secretary of State

## Current Principal Place of Business:

8601 SOUTH FEDERAL HIGHWAY  
PORT ST. LUCIE, FL 349523304

## New Principal Place of Business:

## Current Mailing Address:

1111 SW FEDERAL HWY STE 100  
STUART, FL 34994

## New Mailing Address:

FEI Number: 65-1106277

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KERT, LORRAINE H  
1111 SE FEDERAL HWY  
SUITE 100  
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: PD ( ) Delete  
Name: DALEY, THOMAS  
Address: 8618 FLORENCE DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D ( ) Delete  
Name: ROSS, MARY  
Address: 400 LABUONA VITA DR #177  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: TD ( ) Delete  
Name: CHIAROLANZIO, JACQUELINE  
Address: 511 BARBARA ANN LANE #138  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: SD ( ) Delete  
Name: RIDEOUT, ELEANOR  
Address: 510 JOANNE LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VPD ( ) Delete  
Name: SOVEL, JAMES  
Address: 8490 FLORENCE DR #47  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D ( ) Delete  
Name: EPLION, DONALD  
Address: 550 LABUONA VITA DR #147  
City-St-Zip: PORT SAINT LUCIE, FL 34952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition  
Name: ROSS, MARY  
Address: 400 LABUONA VITA DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D (X) Change ( ) Addition  
Name: CHIAROLANZIO, JACQUELINE  
Address: 511 BARBARA ANN LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: TD (X) Change ( ) Addition  
Name: RIDEOUT, ELEANOR  
Address: 510 JOANNE LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: SD (X) Change ( ) Addition  
Name: MULLINS, CATHERINE  
Address: 440 NATALIE DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D (X) Change ( ) Addition  
Name: EPLION, DONALD  
Address: 550 LABUONA VITA DR  
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: THOMAS DALEY

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

Date