

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003397

FILED
Mar 10, 2010
Secretary of State

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

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
Name: DALEY, THOMAS
Address: 8618 FLORENCE DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

Title: TD
Name: MASSEY, RICHARD
Address: 531 NATALIE DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

Title: D
Name: GRIMALDI, FRANK
Address: 591 LABUONA VITA DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D
Name: POCUS, DONNA
Address: 550 JOANNE LANE
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: THOMAS DALEY

PRES

03/10/2010

Electronic Signature of Signing Officer or Director

Date