

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000135

FILED
Apr 29, 2008
Secretary of State

Entity Name: THE BELMONT AT ST. LUCIE WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

103 SW PEACOCK BLVD
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

103 SW PEACOCK BLVD
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 20-2328873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATLANTIC & PACIFIC MANAGEMENT
800 PALM TRAIL
SUITE #2
DELRAY BEACH, FL 33458 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: PRES () Delete
Name: CURTIS, PAMELA
Address: 103 SW PEACOCK BLVD
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: SEC () Delete
Name: SMITH, ANN
Address: 103 SW PEACOCK BLVD
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: TRES () Delete
Name: MORELLO, JOE
Address: 103 SW PEACOCK BLVD
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: SISMANSO, EVANS
Address: 103 SW PEACOCK BLVD
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: PRES (X) Change () Addition
Name: SMITH, ANN
Address: 103 SW PEACOCK BLVD
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VP (X) Change () Addition
Name: ALBRIGHT, PAULA
Address: 103 SW PEACOCK BLVD
City-St-Zip: PORT ST. LUCIE, FL 34986

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: SANFORD FOX

MNGR

04/29/2008

Electronic Signature of Signing Officer or Director

Date