2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# N05000000135

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:

GLICKMAN, LARRY Z ESQ.
1850 SW FOUNTAINVIEW BLVD
SUITE 207
PORT SAINT LUCIE, FL 34986 US

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: LARRY Z. GLICKMAN 02/23/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ANN SMITH PRES 02/23/2009
Electronic Signature of Signing Officer or Director Date