2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Aug 20, 2007 8:00 am
Secretary of State
04-13-2007 90156 021 ****61.25

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DOCUMENT # N06000004619

1. Entity Name
ST. LUCIE WEST OFFICE CONDOMINIUM ASSOCIATION, INC.

07062007 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
19200 WATERWAY RD. TEQUESTA, FL 33469	19200 WATERWAY RD. TEQUESTA, FL 33469

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
302 NW Bethany Dr.	c/o Bayshore Assoc. Mgmt. P.O. Box 880038
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Port St. Lucie, FL
City & State: Port St. Lucie, FL	City & State:
Zip: 34988 Country: USA	Zip: 34988 Country: USA

4. FEI Number: 20-5001600 ☐ Applied For ☐ Not Applicable

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
CIOFFI, JAMES A 250 TEQUESTA DR., #200 TEQUESTA, FL 33469	Name: William Weber Street Address (P.O. Box Number is Not Acceptable): c/o Bayshore Association Mgmt. 1304 SW Bayshore Blvd City: Port St. Lucie FL Zip Code: 34983

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: William C. Weber Sec/Treas 8/6/07
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 September 14, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD WEILER, MICHAEL R 19200 WATERWAY RD. TEQUESTA, FL 33469	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Grace Catalde PTD 304 NW Bethany Dr. Port St. Lucie, FL 34986	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD WEILER, MICHAEL R JR. 19200 WATERWAY RD. TEQUESTA, FL 33469	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pamala LePere ~~Treas~~ Secr. 312 NW Bethany Dr. Port St. Lucie, FL 34986	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEILER, KATHLEEN D 19200 WATERWAY RD. TEQUESTA, FL 33469	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Alissa Scott-Treas. 318 NW Bethany Dr. Port St. Lucie, FL 34986	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: William C. Weber Sec/Treas 8/6/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #