2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N06000004619

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

Current Principal Place of Business:

302 NW BETHANY DR
PORT SAINT LUCIE, FL 34988

New Principal Place of Business:

302 NW BETHANY DR
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

C/O BAYSHORE ASSCO. MGMT
P.O. BOX 890038
PORT SAINT LUCIE, FL 34988

New Mailing Address:

C/O BAYSHORE ASSCO. MGMT
P.O. BOX 880038
PORT SAINT LUCIE, FL 34988

FEI Number: 20-5001600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEBEE, WILLIAM
C/O BAYSHORE ASSOC. MGMT
1304 SW BAYSHORE BLVD
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

WEBER, WILLIAM L
C/O BAYSHORE ASSOC. MGMT
430 NW LAKE WHITNEY PLACE
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: WILLIAM L. WEBER 04/02/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: CATALDE, GRACE
Address: 304 NW BETHANY DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S ( ) Delete
Name: LEPERE, PAMELA
Address: 312 NW BETHANY DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T ( ) Delete
Name: SCOTT, ALISSA
Address: 318 NW BETHANY DR
City-St-Zip: PORT SAINT 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: PAMELA LEPERE S 04/02/2009
Electronic Signature of Signing Officer or Director — Date