

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007882

FILED
Apr 28, 2007
Secretary of State

Entity Name: COALITION OF HOMEOWNERS ASSOCIATIONS OF SAINT LUCIE WEST, INC.

Current Principal Place of Business:

P.O. BOX 882034
PORT SAINT LUCIE, FL 34988 US

New Principal Place of Business:

519 N.W. CORTINA LANE
PORT SAINT LUCIE, FL 34986 US

Current Mailing Address:

P.O. BOX 882034
PORT SAINT LUCIE, FL 34988 US

New Mailing Address:

FEI Number: 20-5261167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, JOHN N
1426 S.W. OSPREY COVE
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

JODICE, FRANK
518 N.W. CORTINA LANE
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: FRANK J JODICE

04/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLER, J. J.
Address: 358 N.W. SHOREVIEW DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: VP (X) Delete
Name: JODICE, JOAN
Address: 519 N.W. CORTINA LANE
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: S () Delete
Name: GONZALEZ, COLETTE P
Address: 1426 S.W. OSPREY COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: T () Delete
Name: GONZALEZ, JOHN N
Address: 1426 S.W. OSPREY COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JODICE, JOAN
Address: 519 N.W. CORTINA LANE
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

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

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

Title: T (X) Change () Addition
Name: JODICE, FRANK J
Address: 519 N.W. CORTINA LANE
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

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: FRANK J. JODICE

T

04/28/2007

Electronic Signature of Signing Officer or Director

Date