2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004859

FILED Apr 13, 2009 Secretary of State

Entity Name: SAINT LUCIE COUNTY DART ASSOCIATION CORP

Current Principal Place of Business: New Principal Place of Business: 2517 SE DOGWOOD AVE PORT SAINT LUCIE, FL 34952 US **Current Mailing Address: New Mailing Address:** 2517 SE DOGWOOD AVE PORT SAINT LUCIE, FL 34952 US FEI Number: 26-2489191 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEONARD, DONALD L JR 2517 SE DÓGWOOD AVE PORT SAINT LUCIE, FL 34952 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LEONARD, DONALD L JR Name: Name: Address: 2517 SE DOGWOOD AVE Address: City-St-Zip: PORT SAINT LUCIE, FL 34952 US City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: WILSON, HENRY Name: Address: 3250 WEST SNOW R9 Address: City-St-Zip: PORT SAINT LUCIE, FL 34914 City-St-Zip: Title: () Delete Title: (X) Change () Addition MCCLES, BILL Name: MCCLISH, BILL Name: 261 SW EGRET LANDING Address: Address: 261 SW EGRET LANDING City-St-Zip: PORT SAINT LUCIE, FL 34953 City-St-Zip: PORT SAINT LUCIE, FL 34953 Title: () Delete Title: () Change () Addition Name: LEONARD, DONALD L SR. Name: Address: 272 N CARRIBEAN Address: City-St-Zip: PORT SAINT LUCIE, FL 34952 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: DONALD L LEONARD JR P 04/13/2009