

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009208

FILED  
Feb 04, 2008  
Secretary of State

**Entity Name:** ST. LUCIE COUNTY HOTEL AND LODGING ASSOCIATION, INC.

**Current Principal Place of Business:**

5500 ST. LUCIE BLVD.  
FORT PIERCE, FL 34946

**New Principal Place of Business:**

**Current Mailing Address:**

5500 ST. LUCIE BLVD.  
FORT PIERCE, FL 34946

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VALVANO, MICHELLE M  
575 NW MERCANTILE PLACE  
SUITE 110  
PORT ST. LUCIE, FL 34986 US

**Name and Address of New Registered Agent:**

VALVANO, MICHELLE M  
525 NW LAKE WHITNEY PLACE  
SUITE 101  
PORT ST. 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: MICHELLE M. VALVANO

02/04/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GILRANE, LISA  
Address: 10120 SOUTH FEDERAL HWY  
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: VP ( ) Delete  
Name: THOMAS, LISA  
Address: 7900 SOUTH FEDERAL HWY  
City-St-Zip: PORT ST. LUCIE, FL 34982 US

Title: S ( ) Delete  
Name: VALVANO, MICHELLE M  
Address: 575 NW MERCANTILE PLACE, SUITE 110  
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: T ( ) Delete  
Name: MINIX, MARILYN  
Address: 5500 ST. LUCIE BLVD  
City-St-Zip: FORT PIERCE, FL 34946

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: S (X) Change ( ) Addition  
Name: VALVANO, MICHELLE M  
Address: 525 NW LAKE WHITNEY PLACE, #101  
City-St-Zip: PORT ST. LUCIE, FL 34986 US

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: MICHELLE M. VALVANO

S

02/04/2008

Electronic Signature of Signing Officer or Director

Date