

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009208

FILED
Jan 16, 2009
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
525 NW LAKE WHITNEY PLACE
SUITE 101
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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:

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: 525 NW LAKE WHITNEY PLACE, #101
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: () 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: MICHELLE M. VALVANO

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01/16/2009

Electronic Signature of Signing Officer or Director

Date