

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004364

FILED
Feb 10, 2012
Secretary of State

Entity Name: VIERA/SUNTREE LACROSSE CLUB INC.

Current Principal Place of Business:

491 WYNFIELD CIRCLE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

PO BOX 410715
M, FL 32941 US

New Mailing Address:

PO BOX 410715
MELBOURNE, FL 32941 US

FEI Number: 27-3402916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVOE, ROBERT
3905 SAINT ARMENS CIR
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

DEVOE, ROBERT W III
3905 SAINT ARMENS CIR
MELBOURNE, FL 32934 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: ROBERT W DEVOE III

02/10/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR
Name: WELTON, ROGER
Address: 491 WYNFIELD CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

Title: MR
Name: DEVOE, ROBERT W III
Address: 3905 SAINT ARMENS CIR
City-St-Zip: MELBOURNE, FL 32934 US

Title: MR
Name: CRUZ, ERNIE
Address: 1345 CLUBHOUSE DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: MRS
Name: SNYDER, LAURA
Address: 1050 JACARANDA CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

Title: MRS
Name: SLATTERY, TAMMY
Address: 4287 MONTREAU AV
City-St-Zip: MELBOURNE, FL 32934

I hereby 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 all other like empowered.

SIGNATURE: ROBERT W DEVOE III

MR

02/10/2012

Electronic Signature of Signing Officer or Director

Date