

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17550

FILED
Mar 20, 2009
Secretary of State

Entity Name: BAY ST. LUCIE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12136 RIVERBEND TRACE
PORT SAINT LUCIE, FL 34984 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8751
PORT SAINT LUCIE, FL 349858751 US

New Mailing Address:

FEI Number: 65-0043688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MONTEIRO, MARIO J
12136 RIVERBEND TRACE
PORT SAINT LUCIE, FL 34984 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: PD () Delete
Name: MCILVAINE, EUGENE
Address: 12203 RIVERBEND COURT
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: VD () Delete
Name: HAGGERTY, JOHN
Address: 12176 RIVERBEND LANE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: TD () Delete
Name: MONTEIRO, MARIO J
Address: 12136 RIVERBEND TRACE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: SD () Delete
Name: MCILVAINE, TONY
Address: 12203 RIVERBEND COURT
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D () Delete
Name: RAYNES, WILLIAM
Address: 12204 RIVERBEND COURT
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D () Delete
Name: LITTLEPAGE, SUZANNE MRS
Address: 12152 RIVERBEND ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34984

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
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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: MARIO JOHN MONTEIRO

TD

03/20/2009

Electronic Signature of Signing Officer or Director

Date