

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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*****200.00 *****200.00

DOCUMENT # N24109
1. Corporation Name

ST. LUCIE WEST COUNTRY CLUB, INC.

Principal Place of Business Mailing Address

590 Peacock Blvd. #3
Port St. Lucie, FL 34986-2213

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/28/87 3a. Date of Last Report 11/17/94
4. FEI Number 65-0216337 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Laurie L. Gildan, Esq.
Greenberg, Traurig, et al.
777 S. Flager Drive, Suite 310E
West Palm Beach, FL 33401

10. Name and Address of New Registered Agent

81 Name James Anderson
82 Street Address (P.O. Box Number is Not Acceptable) 590 Peacock Boulevard #3
83
84 City Port St. Lucie FL 85 Zip Code 34986

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P/D	Charles Cunningham	590 Peacock Boulevard #3	Port St. Lucie, FL 34986
D	Michael Blume	590 Peacock Boulevard #3	Port St. Lucie, FL 34986
D	Thomas J. White, Jr.	1750 S. Brentwood Blvd. #301	St. Louis, MO 63144

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P/D	Paul J. Hegener	590 Peacock Boulevard #3	Port St. Lucie, FL 34986
VP/D	Thomas A. Babcock	590 Peacock Boulevard #3	Port St. Lucie, FL 34986
S/T/D	James Anderson	590 Peacock Boulevard #3	Port St. Lucie, FL 34986

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE

DATE