


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90068 022 ****61.25

DOCUMENT # N24752 1. Entity Name ST. LUCIE WEST INDUSTRIAL ASSOCIATION, INC.			
Principal Place of Business 10521 SW VILLAGE CENTER DRIVE SUITE 201 PORT ST. LUCIE, FL 34987 US		Mailing Address 10521 SW VILLAGE CENTER DRIVE SUITE 201 PORT SAINT LUCIE, FL 34987 US	
2. Principal Place of Business - No P.O. Box # 430 NW Lake Whitney Pl		3. Mailing Address 430 NW Lake Whitney Pl	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Port St Lucie, FL 34986		City & State Port St. Lucie, FL	
Zip 34986		Zip 34986	
Country USA		Country USA	
4. FEI Number 65-0141249		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Bayshore Association Management Street Address (P.O. Box Number is Not Acceptable) 430 NW Lake Whitney Place City Port St. Lucie FL Zip Code 34986	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Charlotte Quail</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		2/21/08 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME GALLAGHER, JOHN STREET ADDRESS 10521 SW VILLAGE CENTER DRIVE, STE 201 CITY-ST-ZIP PORT ST. LUCIE, FL 34987	<input checked="" type="checkbox"/> Delete	TITLE President NAME Clark Olmstead STREET ADDRESS PO Box 643045 CITY-ST-ZIP Vero Beach, FL 32964	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT NAME ANDERSON, JAMES STREET ADDRESS 10521 SW VILLAGE CENTER DRIVE, STE 201 CITY-ST-ZIP PORT ST. LUCIE, FL 34987	<input checked="" type="checkbox"/> Delete	TITLE Secretary NAME Kevin Gillum STREET ADDRESS 1614 NW Enterprise Dr. CITY-ST-ZIP Port St Lucie, FL 34986	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DS NAME REILLY, SHAWN STREET ADDRESS 10521 SW VILLAGE CENTER DRIVE, STE 201 CITY-ST-ZIP PORT ST. LUCIE, FL 34987	<input checked="" type="checkbox"/> Delete	TITLE Treasurer NAME Steve Malschnee STREET ADDRESS 1379 SW Biltmore St. CITY-ST-ZIP Port St. Lucie, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Director NAME Nicholas Sansone STREET ADDRESS 667 NW Enterprise Dr CITY-ST-ZIP Port St. Lucie, FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Vice President NAME Michael O'Leary STREET ADDRESS 760 NW Enterprise Dr. CITY-ST-ZIP Port St. Lucie, FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Steve Malschnee</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-22-08 <small>Date Daytime Phone #</small>	