

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24842

FILED
Apr 15, 2006
Secretary of State

Entity Name: ST. LUCIE WEST COUNTRY CLUB ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

% BAYSHORE ASSOCIATION MGMT
1304 SW BAYSHORE BLVD
PORT ST LUCIE, FL 33983 US

New Principal Place of Business:

951-1 SW COUNTRY CLUB DRIVE
PORT ST LUCIE, FL 34896 US

Current Mailing Address:

1304 SW BAYSHORE BLVD
PUNTA GORDA, FL 33983

New Mailing Address:

P.O. BOX 880411
PORT SAINT LUCIE, FL 34988 US

FEI Number: 65-0141438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, DEBORAH L ESQ
ROSS, EARLE & BONAN, P.A.
759 S. FEDERAL HWY
STUART, FL 34994 US

Name and Address of New Registered Agent:

GONZALEZ, JOHN N
1426 S.W. OSPREY COVE
PORT SAINT LUCIE, FL 34986 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: JOHN N. GONZALEZ

04/15/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: REARK, RON
Address: 756 SW PELICAN COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VPD () Delete
Name: CADDELL, WILLIAM
Address: 1162 W BENT PINE COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD () Delete
Name: JOANOASKP, KEFF
Address: 1318 SW COTTONWOOD COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: P () Delete
Name: GREEN, DENNIS
Address: 1163 SW MIRROR LAKE COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: SD (X) Delete
Name: SWORDS, JANENE
Address: 1203 SW PARADISE COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WORSNOP, CELESTE PRES
Address: 511 SW SANCTUARY PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: V (X) Change () Addition
Name: NEY, GREGG F
Address: 411 SW FAIRWAY LANDING
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S (X) Change () Addition
Name: CIOFFI, DOTTI
Address: 1285 SW BENT PINE COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: T (X) Change () Addition
Name: GONZALEZ, JOHN N
Address: 1426 SW OSPREY COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOH N. GONZALEZ

T

04/15/2006

Electronic Signature of Signing Officer or Director

Date