


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90010 001 ****61.25

DOCUMENT # N24842	
1. Entity Name ST. LUCIE WEST COUNTRY CLUB ESTATES ASSOCIATION, INC.	

Principal Place of Business 951-1 SW COUNTRY CLUB DRIVE PORT ST LUCIE, FL 34896 US	Mailing Address P.O. BOX 880411 PORT SAINT LUCIE, FL 34988 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02192008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0141438	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CORNETT, JANE L ESQ. CORNETT, GOOGE & ASSOCIATES, P.A. 401 EAST OSCEOLA STREET STUART, FL 34994	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

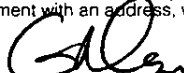
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	NEY, GREGG
STREET ADDRESS	411 SW FAIRWAY LANDING
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986
TITLE	VPD <input type="checkbox"/> Delete
NAME	SHAW, MARTY
STREET ADDRESS	1252 SW BENT PINE COVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986
TITLE	SD <input type="checkbox"/> Delete
NAME	BOVE, FRANK
STREET ADDRESS	1435 SW OSPREY COVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986
TITLE	TD <input checked="" type="checkbox"/> Delete
NAME	GREENE, DANNY
STREET ADDRESS	1163 SW MIRROE LAKE CIRCLE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer
STREET ADDRESS	Yoshioka, Paula
CITY-ST-ZIP	1539 SW Mockingbird Circle Port St Lucie FL 34986
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.	
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SIGNATURE: 	GREGG NEY, PRESIDENT	4-20-08 772-871-2859
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