

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24842

FILED
Mar 04, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0141438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNETT, JANE L ESQ.
CORNETT, GOUGE & ASSOCIATES, P.A.
401 EAST OSCEOLA STREET
STUART, FL 34994 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: P () Delete
Name: NEY, GREGG
Address: 411 SW FAIRWAY LANDING
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: VPD () Delete
Name: SHAW, MARTY
Address: 1252 SW BENT PINE COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: SD () Delete
Name: BOVE, FRANK
Address: 1435 SW OSPREY COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: T () Delete
Name: YOSHIOKA, PAULA
Address: 1539 S W MOCKINGBIRD CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: PIPER, LOUISE
Address: 549 SW HAMPTON CT
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: TD (X) Change () Addition
Name: YOSHIOKA, PAULA
Address: 1539 S W MOCKINGBIRD CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

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: GREGG NEY

PD

03/04/2009

Electronic Signature of Signing Officer or Director

Date