

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24842

FILED  
Mar 01, 2012  
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, GOOGE & 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  
**Name:** NEY, GREGG  
**Address:** 411 SW FAIRWAY LANDING  
**City-St-Zip:** PORT SAINT LUCIE, FL 34986 US

**Title:** VP  
**Name:** GREEN, DENNIS  
**Address:** 1163 SW MIRROR LAKE COVE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34986

**Title:** S  
**Name:** PIPER, LOUISE  
**Address:** 549 SW HAMPTON CT  
**City-St-Zip:** PORT SAINT LUCIE, FL 34986 US

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

**Title:** D  
**Name:** THOMSON, JAMES I  
**Address:** 1165 SW BENT PINE COVE  
**City-St-Zip:** PORT ST LUCIE, FL 34986 US

**Title:** D  
**Name:** OLSINSKI, ROBERT  
**Address:** 1315 SW CEDAR COVE  
**City-St-Zip:** PORT ST LUCIE, FL 34986 US

I hereby 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 all other like empowered.

**SIGNATURE:** GREGG NEY

P

03/01/2012

Electronic Signature of Signing Officer or Director

Date