

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90015 044 \*\*\*\*61.25

<b>DOCUMENT # N28666</b> 1. Entity Name <b>ST. LUCIE WEST COMMERCIAL ASSOCIATION, INC.</b>			
Principal Place of Business <b>10521 SW VILLAGE CENTER DRIVE SUITE 201 PORT ST. LUCIE, FL 34987 US</b>		Mailing Address <b>10521 SW VILLAGE CENTER DRIVE SUITE 201 PORT ST. LUCIE, FL 34987 US</b>	
2. Principal Place of Business - No P.O. Box # <b>430 NW Lake Whitney PL</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 880038</b> Suite, Apt. #, etc.	
City & State <b>Port St Lucie, FL</b> Zip <b>34986</b> Country		City & State <b>Port St Lucie, FL</b> Zip <b>34988</b> Country	
4. FEI Number <b>65-0141248</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name <b>Bayshore Association Mgmt.</b> Street Address (P.O. Box Number is Not Acceptable) <b>430 NW Lake Whitney PL</b> City <b>Port St Lucie</b> <b>FL</b> Zip Code <b>34986</b>	
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 <u><i>[Signature]</i></u> DATE <u>4-15-08</u> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ANDERSON, JAMES 10521 SW VILLAGE CENTER DRIVE, STE.201 PORT, ST. LUCIE, FL 34987	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLAGHER, JOHN 10521 SW VILLAGE CENTER DRIVE, STE. 201 PORT ST. LUCIE, FL 34987	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REILLY, SHAWN 10521 SW VILLAGE CENTER DRIVE, STE.201 PORT ST. LUCIE, FL 34987	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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
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 110, 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.			
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date Daytime Phone #</small>			