

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30217

FILED
Mar 01, 2011
Secretary of State

Entity Name: THE VILLAGES AT ST. LUCIE WEST ASSOCIATION, INC.

Current Principal Place of Business:

1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994 US

New Mailing Address:

FEI Number: 65-0219183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEPPARD, JOHN R
DICKER, KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVE. SOUTH, STE 400
WEST PALM BEACH, FL 33409 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: PD
Name: CAMIRE, SCOTT
Address: 1302 SW MAPLEWOOD DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VPD
Name: MONTANA, PETER
Address: 465 SW SILVER PALM COVE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: TD
Name: ADKINS, STEVEN
Address: 1245 SW BRAIRWOOD DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: SD
Name: VEGA, SARAH
Address: 404 SW MIMOSA COVE
City-St-Zip: PT ST LUCIE, FL 34986

Title: D
Name: LLOYD, LEROY
Address: 1311 SW SANDALWOOD COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: SCOTT CAMIRE

PRES

03/01/2011

Electronic Signature of Signing Officer or Director

Date