

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42325

FILED
Apr 30, 2009
Secretary of State

Entity Name: ST. LUCIE INTERGROUP ASSOCIATION, INC.

Current Principal Place of Business:

905 NE PRIMA VISTA BLVD.
SUITE D
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

905 NE PRIMA VISTA BLVD.
SUITE D
PORT SAINT LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 65-0163630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIEURANCE, HOLLY
5404 MYRTLE DRIVE
FORT PIERCE, FL 34982 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: DC () Delete
Name: AMIDON, RICH
Address: 35 MEDITERRANEAN WEST BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: DT () Delete
Name: HOLLY, LIEURANCE
Address: 5404 MYRTLE DR
City-St-Zip: FORT PIERCE, FL 34982

Title: DVC () Delete
Name: BECK, STEVE
Address: 821 NW GREENWICH CT
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: MGR () Delete
Name: HARRISON, JOAN
Address: 1490 SE COLCHESTER CIR
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: LIEURANCE, HOLLY
Address: 5404 MYRTLE DR
City-St-Zip: FORT PIERCE, FL 34982

Title: DSEC (X) Change () Addition
Name: LAVIGNE, ROGER
Address: 1761 SE CASCELLA COURT
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

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: HOLLY LIEURANCE

DT

04/30/2009

Electronic Signature of Signing Officer or Director

Date