2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42325

FILED Feb 16, 2011 Secretary of State

Entity Name: ST. LUCIE INTERGROUP ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

905 NE PRIMA VISTA BLVD.

897-A NE PRIMA VISTA BLVD
SUITE D

PORT ST LUCIE, FL 34952 US

PORT SAINT LUCIE, FL 34952 US

PORT SAINT LUCIE, FL 34952

Current Mailing Address: New Mailing Address:

US

905 NE PRIMA VISTA BLVD.
SUITE D

897-A NE PRIMA VISTA BLVD
PORT ST LUCIE, FL 34952 US

FEI Number: 65-1000798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LIEURANCE, HOLLY
5404 MYRTLE DRIVE
FORT PIERCE, FL 34982 US

REPOLI, MICHAEL R
352 SW LAKE FOREST WAY
PORT ST LUCIE, FL 34986 US

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: MICHAEL R. REPOLI 02/16/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: DC

Name: LAVIGNE, ROGER
Address: 1761 SE CASCELLA CT

City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: DT

Name: REPOLI, MICHAEL R
Address: 352 SE LAKE FOREST WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: DSEC

Name: SCOTT, BARRY

Address: 618 SE DAMASK AVENUE City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: MGR

Name: HARRISON, JOAN

Address: 1490 SE COLCHESTER CIRCLE City-St-Zip: PORT ST LUCIE, FL 34952 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: MICHAEL R. REPOLI TR 02/16/2011