

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90023 012 \*\*\*\*61.25

<b>DOCUMENT # N44762</b>					
<b>1. Entity Name</b> ST. LUCIE GARDENS HOMEOWNERS ASSOCIATION INC.					
<b>Principal Place of Business</b> 4200 S.E. HOME WAY PORT ST. LUCIE, FL 34952			<b>Mailing Address</b> 4200 S.E. HOME WAY PORT ST. LUCIE, FL 34952		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0728395	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ROSS, ESQ. D 759 S. FEDERAL HIGHWAY SUITE 212 STUART, FL 34994			<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____  City _____ <b>FL</b> Zip Code _____		
<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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<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>		
<b>TITLE</b> PD <b>NAME</b> BRAVO, RAY <b>STREET ADDRESS</b> 7308 S.E. BRITNEY CIRCLE <b>CITY-ST-ZIP</b> PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> DE SIMONE, RONALD <b>STREET ADDRESS</b> 4279 S.E. HOME WAY <b>CITY-ST-ZIP</b> PORT SAINT LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VPD <b>NAME</b> HOWARD, John <b>STREET ADDRESS</b> 4293 SE BRITNEY CIRCLE <b>CITY-ST-ZIP</b> PORT ST LUCIE, FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> PRATHER, WILLIAM <b>STREET ADDRESS</b> 4232 S.E. HOME WAY <b>CITY-ST-ZIP</b> PORT SAINT LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> MAJOROS, Robert <b>STREET ADDRESS</b> 4282 SE BRITNEY CIRCLE <b>CITY-ST-ZIP</b> PORT ST LUCIE, FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BELL, SAMUEL <b>STREET ADDRESS</b> 7260 S.E. BRITNEY CIRCLE <b>CITY-ST-ZIP</b> PORT SAINT LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TD <b>NAME</b> KNELT, KENNETH <b>STREET ADDRESS</b> 4257 SE HOME WAY <b>CITY-ST-ZIP</b> PORT ST LUCIE, FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> 2VPD <b>NAME</b> MARSHALL, Louis <b>STREET ADDRESS</b> 4280 SE BRITNEY CIRCLE <b>CITY-ST-ZIP</b> PORT ST LUCIE, FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>					
<b>SIGNATURE:</b> <i>Raymond A Bravo</i>			Date: 1-31-08		Daytime Phone #: 486-338
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					