2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2010
Secretary of State

DOCUMENT# N44762

Entity Name: ST. LUCIE GARDENS HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

4200 S.E. HOME WAY
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

4200 S.E. HOME WAY
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 65-0728395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, ESQ. D
759 S. FEDERAL HIGHWAY
SUITE 212
STUART, FL 34994 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: O'HARA, BARBARA
Address: 4216 SE HOME WAY
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: SD
Name: STARSTROM, ROSEMARIE
Address: 4255 SE HOME WAY
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VPD
Name: MUNSON, HOWARD
Address: 4285 SE BRITTANY CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: TD
Name: BYDLINSKI, EDMUND
Address: 4272 SE BRITTNEY CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: ASD
Name: MARSHALL, LOUIS
Address: 4280 SE BRITTANY CIR
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: BARBARA OHARA PRES 02/08/2010

Electronic Signature of Signing Officer or Director — Date