


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90085 022 ****61.25

DOCUMENT # N45758																					
1. Entity Name RIO LINDO GARDEN CLUB OF PORT ST. LUCIE INC.																					
Principal Place of Business 1016 SE KITCHING COVE PORT SAINT LUCIE, FL 34952-5902 US			Mailing Address 1016 SE KITCHING COVE PORT SAINT LUCIE, FL 34952-5902 US																		
2. Principal Place of Business 1098 SW DuBois Ave.		3. Mailing Address 1098 SW DuBois Ave.																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																			
City & State Port St. Lucie, FL		City & State Port St. Lucie, FL		4. FEI Number 65-0296781																	
Zip 34953-3233		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent KING, JOLEEN 1016 SE KITCHING COVE PORT SAINT LUCIE, FL 34952-5902			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Collins, Margaret</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">1098 SW DuBois Ave.</td> </tr> <tr> <td colspan="2" style="padding: 2px;">City</td> </tr> <tr> <td style="padding: 2px;">Port St. Lucie</td> <td style="padding: 2px;">FL</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Zip Code</td> </tr> <tr> <td colspan="2" style="padding: 2px;">34953-3233</td> </tr> </table>			Name		Collins, Margaret		Street Address (P.O. Box Number is Not Acceptable)		1098 SW DuBois Ave.		City		Port St. Lucie	FL	Zip Code		34953-3233	
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34953-3233																					
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.																					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>				04/05/05 <small>DATE</small>																	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																	
Make check payable to Florida Department of State																					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, JOLEEN 1016 SE KITCHING COVE PORT SAINT LUCIE, FL 349525902		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Collins, Margaret 1098 SW DuBois Ave. Port St. Lucie, FL 34953-3233																	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FARRELL, CATHERINE 2280 SW MT VERNON ST PORT SAINT LUCIE, FL 349532358		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Smith, Margaret 301 SW Bridgeport Dr. Port St. Lucie, FL 34953-7113																	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEEPLES, PHYLLIS 246 SW STARFLOWER AVENUE PORT SAINT LUCIE, FL 349844481		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD King, Joleen 1016 SE Kitching Cove Port St. Lucie, FL 34952-5902																	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEYER, EVELYN 457 SW EASTPORT CIRCLE PORT SAINT LUCIE, FL 349537127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Enzian, Darlene 5662 SE Windsong Ln. Stuart, FL 34997-8201																	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RISING, GLADYS 8 DON QUIXOTE LANE PORT SAINT LUCIE, FL 349522313		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Opett, Virginia 433 SW South Quick Cir. Port St. Lucie, FL 34953-7600																	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OLLIVER, THERESA 1942 SE BURGUNDY LANE PORT SAINT LUCIE, FL 349528866		TITLE NAME STREET ADDRESS CITY-ST-ZIP																		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.																					
SIGNATURE: Margaret Collins <i>Margaret V. Collins</i>			04/05/05		772/344-5784																
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>																