


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90367 013 \*\*\*\*70.00

<b>DOCUMENT # N45758</b> 1. Entity Name <b>RIO LINDO GARDEN CLUB OF PORT ST. LUCIE INC.</b>					
Principal Place of Business <b>1098 SW DUBOIS AVE PORT SAINT LUCIE, FL 34953-3233 US</b>			Mailing Address <b>1098 SW DUBOIS AVE PORT SAINT LUCIE, FL 34953-3233 US</b>		
2. Principal Place of Business <b>756 SE SEAHOUSE DRIVE</b> Suite, Apt. #, etc.			3. Mailing Address <b>756 SE SEAHOUSE DRIVE</b> Suite, Apt. #, etc.		
City & State <b>PORT SAINT LUCIE FL</b>			City & State <b>PORT SAINT LUCIE FL</b>		
Zip <b>34983-4653</b>		Country <b>US</b>		Zip <b>34983-4653</b>	
Country <b>US</b>		4. FEI Number <b>65-0296781</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>COLLINS, MARGARET 1098 SW DUBOIS AVE PORT SAINT LUCIE, FL 34953-3233</b>			7. Name and Address of New Registered Agent Name <b>JO LUTTRELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>756 SE SEAHOUSE DRIVE</b> City <b>PORT SAINT LUCIE</b> FL <b>34983-4653</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.					
SIGNATURE <b>JO LUTTRELL, PRESIDENT</b> <i>Josephine Luttrell</i> <b>4/11/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
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	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JO LUTTRELL, JO 756 SE SEAHOUSE DRIVE PORT SAINT LUCIE FL 34983-4653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, MARGARET 1098 SW DUBOIS AVE PORT SAINT LUCIE, FL 349533233	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Leona, Marie 306 S.W. Panther Trail Port St Lucie FL 34953-8201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, MARGARET 301 SW BRIDGEPORT DR PORT SAINT LUCIE, FL 349537113	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KING, JOLEEN 1016 SE KITCHING COVE PORT SAINT LUCIE FL 349525902	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KING, JOLEEN 1016 SE KITCHING COVE PORT SAINT LUCIE, FL 349525902	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LYDON, CONNIE 181 SW PALM DRIVE #101 PORT SAINT LUCIE FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RISING, GLADYS 8 DON QUIXOTE LANE PORT SAINT LUCIE, FL 349522313	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RISING, GLADYS 8 DON QUIXOTE LANE PORT SAINT LUCIE FL 349522313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ENZIAN, DARLENE 5662 SE MINDSONG LN STUART, FL 349978201	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Geyer, Evelyn 26 Lake Vista Trail Port St Lucie FL 34952 6337	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.					
SIGNATURE: <b>JO LUTTRELL, PRESIDENT</b> <i>Josephine Luttrell</i> <b>4/11/06</b> <b>772-879-3035</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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02242006 Chg-NP CR2E037 (11/05)