2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State
04-16-2007 90087 047 ****61.25

DOCUMENT # N45758

1. Entity Name
RIO LINDO GARDEN CLUB OF PORT ST. LUCIE INC.

Principal Place of Business	Mailing Address
756 SE SEAHOUSE DR PORT SAINT LUCIE, FL 34983-4653 US	756 SE SEAHOUSE DR PORT SAINT LUCIE, FL 34983-4653 US

03242007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2775 SE Eagle Drive	2775 SE Eag;e Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie, FL	City & State: Port St. Lucie, FL
Zip: 34984-8919 Country: St. Lucie	Zip: 34984-8919 Country: St. Lucie

4. FEI Number 65-0296781 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LUTTRELL, JO
756 SE SEAHOUSE DR
PORT SAINT LUCIE, FL 34983-4653

7. Name and Address of New Registered Agent

Name: Donna Mitchell
Street Address (P.O. Box Number is Not Acceptable): 2775 SE Eagle Drive
City: Port St. Lucie FL Zip Code: 34984-8919

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: Donna Mitchell, President
Donna Mitchell
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 LUTTRELL, JO 756 SE DAEHOUSE DR PORT SAINT LUCIE, FL 349834653	☒ Delete	PD Mitchell, Donna 2775 SE Eagle Drive Port St. Lucie, FL 34984-8919	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LEONE, MARIE 306 SW PANTHAR TRAIL PORT SAINT LUCIE, FL 349538201	☒ Delete	VPD Lydon, Connie 2074 SW Salmon Road Port St. Lucie, FL 34953-5780	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KING, JOLEEN 1016 SE KITCHING COVE PORT SAINT LUCIE, FL 34986	☒ Delete	VPD Bukowski, Marie 1704 SE Haverford Street Port St. Lucie, FL 34983-4664	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LYDON, CONNIE 181 SW PALM DR., #101 PORT SAINT LUCIE, FL 34986	☐ Delete	T Olliver, Theresa 1942 SE Burgundy Lane Port St. Lucie, FL 34952-8866	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RISING, GLADYS 8 DON QUIXOTE LANE PORT SAINT LUCIE, FL 349522313	☒ Delete	S Yates, Linda 1491 SE Nancy Lane Port St. Lucie, FL 34983-3818	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GEYER, EVELYN 26 LAKE VISTA TRAIL PORT SAINT LUCIE, FL 349526337	☒ Delete	S Opett, Virginia 433 SW South Quick Circle Port St. Lucie, FL 34953-7600	☐ Change ☒ 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: Donna Mitchell
Donna Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 772/344-1580 Daytime Phone #