

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45758

FILED
Jan 08, 2009
Secretary of State

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

Current Principal Place of Business:

2775 SE EAGLE DRIVE
PORT SAINT LUCIE, FL 349848919 US

New Principal Place of Business:

Current Mailing Address:

2775 SE EAGLE DRIVE
PORT SAINT LUCIE, FL 349848919 US

New Mailing Address:

FEI Number: 65-0296781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, DONNA
2775 SE EAGLE DRIVE
PORT SAINT LUCIE, FL 349848919 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 () Delete
Name: MITCHELL, DONNA
Address: 2775 SE EAGLE DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 349848919

Title: VPD () Delete
Name: BUKOWSKI, MARIE
Address: 1704 SE HAVERFORD STREET
City-St-Zip: PORT SAINT LUCIE, FL 349834664

Title: T () Delete
Name: OLLIVER, THERESA
Address: 1942 SE BURGUNDY LANE
City-St-Zip: PORT SAINT LUCIE, FL 349528866

Title: VPD () Delete
Name: LYDON, CONNIE
Address: 2074 SW SALMON RPAD
City-St-Zip: PORT SAINT LUCIE, FL 349535780

Title: S () Delete
Name: YATES, LINDA
Address: 1491 SE NANCY LANE
City-St-Zip: PORT SAINT LUCIE, FL 349833818

Title: S () Delete
Name: OPETT, VIRGINIA
Address: 433 SW SOUTH QUICK CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 349537600

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONNA MITCHELL

PRES

01/08/2009

Electronic Signature of Signing Officer or Director

Date