2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001823

FILED Apr 29, 2005 Secretary of State

Entity Name: ST. LUCIE VISTA ESTATES DOCK ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 412 JULIA COURT 412 NE JULIA COURT JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957 **Current Mailing Address: New Mailing Address:** 412 JULIA COURT 412 NE JULIA COURT JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957 FEI Number: 65-0674214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HILEMAN, ELLIS P HILEMAN, ELLIS P 412 JULIÁ COURT 412 NE JÚLIA COURT JENSEN BEACH, FL 34957 US JENSEN BEACH, FL 34957 US 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: 04/29/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HILEMAN, ELLIS P HILEMAN, ELLIS P Name: Name: 412 JULIA COURT Address: 412 NE JULIA COURT Address: City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: JENSEN BEACH, FL 34957 Title: () Delete Title: () Change () Addition COCHRAN, JUDITH Name: Name: Address: 357 NE ALICE AVENUE Address: City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: Title: () Delete Title: () Change () Addition PACKER, JAMES Name: Name: 342 NE JULIA COURT Address: Address: City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: SHAUGHNESSY, KAREN Name: SHAUGHNESSY, KAREN 381 NEVULIA COURT 381 NE JULIA COURT Address: Address: City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: JENSEN BEACH, FL 34957 Title: () Delete Title: (X) Change () Addition HILEMAN, ELLIS P HILEMAN, ELLIS P Name: Name: 412 VAKUA CT 412 NE JULIA CT Address: Address: City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: JENSEN BEACH, FL 34957

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELLIS P. HILEMAN D 04/29/2005