2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N96000001823

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

Current Principal Place of Business:

412 NE JULIA COURT
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

412 NE JULIA COURT
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 65-0674214 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILEMAN, ELLIS P
412 NE JULIA COURT
JENSEN BEACH, FL 34957 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:	D	( ) Delete
Name:	HILEMAN, ELLIS P	
Address:	412 NE JULIA COURT	
City-St-Zip:	JENSEN BEACH, FL 34957	
Title:	D	( ) Delete
Name:	COCHRAN, JUDITH	
Address:	357 NE ALICE AVENUE	
City-St-Zip:	JENSEN BEACH, FL 34957	
Title:	D	( ) Delete
Name:	PACKER, JAMES	
Address:	342 NE JULIA COURT	
City-St-Zip:	JENSEN BEACH, FL 34957	
Title:	T	( ) Delete
Name:	SHAUGHNESSY, KAREN	
Address:	381 NE JULIA COURT	
City-St-Zip:	JENSEN BEACH, FL 34957	
Title:	S	( ) Delete
Name:	HILEMAN, ELLIS P	
Address:	412 NE JULIA CT	
City-St-Zip:	JENSEN BEACH, FL 34957	

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:	
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: ELLIS P HILEMAN PRES 04/30/2009

Electronic Signature of Signing Officer or Director — Date