

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90203 020 \*\*\*\*61.25

**DOCUMENT #N97000003846**

1. Entity Name

**WESTFEST AT ST. LUCIE WEST, INC.**

**DO NOT WRITE IN THIS SPACE**

**80058931**

2. Principal Place of Business  
**1850 FOUNTAINVIEW BLVD.**

Suite, Apt. #, etc.

3. Mailing Address  
**1850 FOUNTAINVIEW BLVD.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**PORT ST. LUCIE, FL**

City & State  
**PORT ST. LUCIE, FL**

4. FEI Number  
**650775924**

Applied For  
Not Applicable

Zip  
**34986**

Country  
**USA**

Zip  
**34986**

Country  
**USA**

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**SIMMONS, EVETT L.**

Street Address (P.O. Box Number is Not Acceptable)  
**145 NW CENTRAL PARK PLAZA**

**SUITE 200**

City  
**PORT ST. LUCIE**

**FL**

Zip Code  
**34986-2482**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**P.  
ROWLEY, JANE  
1850 FOUNTAINVIEW BLVD.  
PORT ST. LUCIE, FL 34986**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**T  
ROSMARIN, BARBARA  
572 SW NEWCASTLE CT.  
PORT ST. LUCIE, FL 34986**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**FVP  
ROSMARIN, JERRY  
572 SE NEWCASTLE CT.  
PORT ST. LUCIE, FL 34986**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
CULLEN, LOIS  
628 SE DEGAN DR.  
PORT ST. LUCIE, FL 34983**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
CULLEN, DICK  
628 SE DEGAN DR.  
PORT ST. LUCIE, FL 34983**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
O'CONNER, JOHN  
584 SW ST. JOHNS BAY  
PORT ST. LUCIE, FL 34986**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**JANE ROWLEY, PRESIDENT**

**MARCH , 2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)