

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000003846**

1. Entity Name  
**WESTFEST AT ST. LUCIE WEST, INC.**



Principal Place of Business  
**1850 FOUNTAINVIEW BLVD  
PORT ST. LUCIE, FL 34986 US**

Mailing Address  
**1850 FOUNTAINVIEW BLVD  
STE 201  
PORT ST LUCIE, FL 34986**



04092004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0775924**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SIMMONS, EVETT L  
145 NW CENTRAL PARK PLAZA, SUITE 200  
PORT ST. LUCIE, FL 34986**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U00000114517  
04/15/04-80053-014 70.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROWLEY, JANE 1850 FOUNTAINVIEW BLVD PORT SAINT LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROSMARIN, BARBARA 572 SW NEWCASTLE CT. PORT SAINT LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FVP ROSMARIN, JERRY 572 SE NEWCASTLE CT. PORT SAINT LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jane Rowley* **JANE ROWLEY** 4/15/04 772-201-0129