

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003846

FILED  
Feb 07, 2008  
Secretary of State

Entity Name: WESTFEST AT ST. LUCIE WEST, INC.

## Current Principal Place of Business:

10521 S W VILLAGE CENTER DR  
SUITE 201  
PORT ST. LUCIE, FL 34987 US

## New Principal Place of Business:

## Current Mailing Address:

10521 S W VILLAGE CENTER DR..  
STE 201  
PORT ST LUCIE, FL 34987

## New Mailing Address:

FEI Number: 65-0775924

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMMONS, EVETT L  
145 NW CENTRAL PARK PLAZA, SUITE 200  
PORT ST. LUCIE, FL 34986 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: P ( ) Delete  
Name: ROWLEY, JANE  
Address: 10521 S W VILLAGE CENTER DR S 201  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T ( ) Delete  
Name: ROSMARIN, BARBARA  
Address: 572 SW NEWCASTLE CT.  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: FVP ( ) Delete  
Name: ROSMARIN, JERRY  
Address: 572 SE NEWCASTLE CT.  
City-St-Zip: PORT SAINT LUCIE, FL 34986

## 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:

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: JANE ROWLEY

PRES

02/07/2008

Electronic Signature of Signing Officer or Director

Date