


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90017 022 ****61.25

DOCUMENT # N99000004767					
1. Entity Name RV RESORT AT ST. LUCIE WEST OWNERS ASSOCIATION, INC.					
Principal Place of Business 800 NW PEACOCK BLVD PORT ST. LUCIE, FL 34986			Mailing Address 800 NW PEACOCK BLVD PORT ST. LUCIE, FL 34986		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0960194	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRARY, LAWRENCE E III CRARY BUCHANAN BOWDISH ET AL. 555 COLORADO AVENUE STUART, FL 34994			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PICKETT, STAN 91333 COBURG INDUSTRIAL WAY COBURG, OR 97408	<input type="checkbox"/> Delete			
P LITTLE, LARKIN 60 NW BOUNDARY DRIVE PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete				
S MALONE, ALLEN 45 NW BOUNDARY DRIVE PORT SAINT LUCIE, FL 34988	<input type="checkbox"/> Delete				
D NICE, JACK 45 NW BOUNDARY DRIVE PORT SAINT LUCIE, FL 34988	<input type="checkbox"/> Delete				
D PAUL, HORNER 45 NW BOUNDARY DRIVE PORT SAINT LUCIE, FL 34988	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Paul Horner President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 25 NW Boundary Dr. Port St Lucie, FL 34986				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Phyllis Jones Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 377 NW Boundary Dr. Port St Lucie, FL 34986				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mike McBride Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 396 NW Boundary Dr. Port St Lucie, FL 34986				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Bob McCullough Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 458 NW Foursome Ln. Port St. Lucie, FL 34986				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4-8-08					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					