

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004767

FILED
Jan 16, 2009
Secretary of State

Entity Name: RV RESORT AT ST. LUCIE WEST OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

800 NW PEACOCK BLVD
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

800 NW PEACOCK BLVD
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 65-0960194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRARY, LAWRENCE E III
CRARY BUCHANAN BOWDISH ET AL.
555 COLORADO AVENUE
STUART, FL 34994 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: T () Delete
Name: PICKETT, STAN
Address: 91333 COBURG INDUSTRIAL WAY
City-St-Zip: COBURG, OR 97408

Title: P () Delete
Name: HORNER, PAUL
Address: 25 NW BOUDARY DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S () Delete
Name: JONES, PHYLLIS
Address: 377 NW BOUNDARY DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: MCBRIDE, MIKE
Address: 396 NW BOUNDARY DR.
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: MCCULLOUGH, BOB
Address: 458 NW FOURSOME LANE
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: JONES, PHYLLIS
Address: NW BOUDARY DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S (X) Change () Addition
Name: KLAUSE, TOM
Address: 489 NW BOUNDARY DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PETTY, RONALD
Address: 79-687 COUNTRY CLUB DR, STE. 201
City-St-Zip: BERMUDA DUNES, CA 92203

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: ELIZABETH REILLY

MGMT

01/16/2009

Electronic Signature of Signing Officer or Director

Date