2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# N99000004767

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
759 SW FEDERAL HIGHWAY
SUITE 106
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: TREA
Name: TURNER, RICHARD
Address: 435 NW BOUNDARY DR.
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: PRES
Name: KLAUSE, THOMAS
Address: 83 NW PUTTER POINTE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VPRE
Name: WIRE, DAN
Address: 346 NW BOUNDARY DR.
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: DIR
Name: ELLING, MARGE
Address: 41 NW BOUNDARY DR.
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: DIR
Name: GRISWOLD, LEE
Address: 348 NW BOUNDARY DR.
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: THOMAS KLAUSE MR 01/05/2012

Electronic Signature of Signing Officer or Director — Date