

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000006593

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

**Entity Name:** LUCIE HOTEL CORP.

**Current Principal Place of Business:**

1001 EAST ATLANTIC AVE  
SUITE 202  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

1000 MARKET STREET  
SUITE 300  
PORTSMOUTH, FL 33444

**New Mailing Address:**

**FEI Number:** 65-0806409

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRITCHFIELD, RICHARD H  
1001 E. ATLANTIC AVE.  
DELRAY BEACH, FL 33444 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:** PD  
**Name:** WALSH, MARK  
**Address:** 1001 E ATLANTIC AVE, SUITE 202  
**City-St-Zip:** DELRAY BEACH, FL 33483

**Title:** VPD  
**Name:** WALSH, MICHAEL  
**Address:** 1001 E ATLANTIC AVE, SUITE 202  
**City-St-Zip:** DELRAY BEACH, FL 33483

**Title:** EVP  
**Name:** ADE, RICHARD C  
**Address:** 1000 MARKET STREET, BLDG. 1  
**City-St-Zip:** PORTSMOUTH, NH 03801

**Title:** S  
**Name:** CRITCHFIELD, RICHARD  
**Address:** 1001 E ATLANTIC AVE, SUITE 202  
**City-St-Zip:** DELRAY BEACH, FL 33483

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** RICHARD C. ADE

EVP

06/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date