


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90033 013 ***150.00

DOCUMENT # P99000020909	
1. Entity Name OUTDOOR RESORTS AT ST. LUCIE WEST, INC.	

Principal Place of Business 800 NW PEACOCK BLVD PORT ST LUCIE, FL 34986	Mailing Address 79687 COUNTRY CLUB DR SUITE 201 BERMUDA, DUNAS, CA 92201
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40010438



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		79687 Country Club Dr. Suite 201	
City & State		Bermuda Dunes, CA	
Zip	Country	Zip	Country
92203	USA		

01132005 Chg-P CR2E034 (10/03)

4. FEI Number 62-1773335	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
CRARY, LAWRENCE E III 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SCHOELLHORN, ROBERT A 91333 COBURG INDUSTRIAL WAY CORBURG, OR 97408 <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	STD GROSS, SHELDON J 102 WILMOT ROAD, SUITE 220 CHICAGO, IL 60015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 111 S. Pfingsten Rd., Ste 114 Deerfield, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETTY, RONALD W 79687 COUNTRY CLUB DR, STE 201 BERMUDA DUNES, CA 92201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bermuda Dunes, CA 92203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PICKETT, STAN 91333 COBURG INDUSTRIAL WAY EUGENE, OR 97408 <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	<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	<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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 607, 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: Ronald W. Petty Ronald W. Petty 1-14-05 760 345-2046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #