


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000020909 1. Entity Name OUTDOOR RESORTS AT ST. LUCIE WEST, INC.	
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Principal Place of Business 800 NW PEACOCK BLVD PORT ST LUCIE, FL 34986	Mailing Address 79687 COUNTRY CLUB DR SUITE 201 INDIO, CA 92203
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01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1773335	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CRARY, LAWRENCE E III 555 COLORADO AVENUE STUART, FL 34994

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO SCHOELLHORN, ROBERT A 91333 COBURG INDUSTRIAL WAY CORBURG, OR 97408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GROSS, SHELDON J 111 S. PFINGSTEN RD STE 114 CHICAGO, IL 60015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PETTY, RONALD W 79687 COUNTRY CLUB DR, STE 201 BERMUDA DUNES, CA 92203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO PICKETT, STAN 91333 COBURG INDUSTRIAL WAY EUGENE, OR 97408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000407835
02/11/06-80031-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald W. Petty RONALD W. PETTY

Date

1-11-06

Daytime Phone #

760-345-2016