

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90067 023 ***150.00

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



4004600 -



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1773335

Applied For
Not Applicable

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**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	SCHOELLHORN, ROBERT A
STREET ADDRESS	91333 COBURG INDUSTRIAL WAY
CITY-ST-ZIP	CORBURG, OR 97408
TITLE	STD
NAME	GROSS, SHELDON J
STREET ADDRESS	14362 N. FRANK LLOYD WRIGHT BLVD STE 2114
CITY-ST-ZIP	CHICAGO, IL 60015
TITLE	P
NAME	PETTY, RONALD W
STREET ADDRESS	79687 COUNTRY CLUB DR, STE 201
CITY-ST-ZIP	BERMUDA DUNES, CA 92203
TITLE	CFO
NAME	PICKETT, STAN
STREET ADDRESS	91333 COBURG INDUSTRIAL WAY
CITY-ST-ZIP	EUGENE, OR 97408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

1-4-08 760-345-2046
Daytime Phone #