

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G24306

FILED  
Apr 12, 2010  
Secretary of State

Entity Name: ST. LUCIE RIVER MANAGEMENT, INC.

**Current Principal Place of Business:**

ONE NORTH CLEMATIS ST  
SUITE 200  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE NORTH CLEMATIS ST  
SUITE 200  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

FEI Number: 59-2268074      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TABERNILLA, ARMANDO A  
ONE NORTH CLEMATIS STREET  
SUITE 200  
WEST PALM BEACH, FL 33401 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: FANJUL, ALFONSO  
Address: ONE NORTH CLEMATIS ST SUITE 200  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: EVDT  
Name: FANJUL, JOSE  
Address: ONE NORTH CLEMATIS ST SUITE 200  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: AS  
Name: DEL BUSTO, JORGE  
Address: ONE NORTH CLEMATIS ST SUITE 200  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: AS  
Name: TABERNILLA, ARMANDO A  
Address: ONE NORTH CLEMATIS ST SUITE 200  
City-St-Zip: WEST PALM BEACH, FL 33401

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: ARMANDO A. TABERNILLA

AS

04/12/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date