2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008140

Entity Name: THE VINEYARDS AT ST. LUCIE WEST RESIDENTS'

ASSOCIATION, INC.

Current Principal Place of Business:

WATSON ASSOC. MGMT 430 NW LAKE WHITNEY PL PORT SAINT LUCIE, FL 34986

Current Mailing Address:

WATSON ASSOC. MGMT 430 NW LAKE WHITNEY PL

PORT SAINT LUCIE, FL 34986 US

FEI Number: 56-2289362 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WATSON ASSOCIATION MANAGEMENT 430 NW LAKE WHITNEY PLACE PORT SAINT LUCIE, FL 34986 US

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: KATHERINE PASS 01/27/2020

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title DIRECTOR

Name PARMA, JOHN Name ORIA, GONZALO DR.

Address WATSON ASSOC. MGMT Address WATSON ASSOC. MGMT

430 NW LAKE WHITNEY PL 430 NW LAKE WHITNEY PL

City-State-Zip: PORT SAINT LUCIE FL 34986 City-State-Zip: PORT SAINT LUCIE FL 34986

Title SECRETARY Title TREASURER

Name VICTOR, LINDA Name MACRIS, JOHN

Address WATSON ASSOC. MGMT Address WATSON ASSOC. MGMT

430 NW LAKE WHITNEY PL 430 NW LAKE WHITNEY PL

City-State-Zip: PORT SAINT LUCIE FL 34986 City-State-Zip: PORT SAINT LUCIE FL 34986

Title VP

Name PARKER, BARRY

Address WATSON ASSOC. MGMT

430 NW LAKE WHITNEY PL

City-State-Zip: PORT SAINT LUCIE FL 34986

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

SIGNATURE: JOHN PARMA PRESIDENT 01/27/2020

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 27, 2020

Secretary of State

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