

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 20, 2023
Secretary of State
0469653778CC

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

04/20/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name ORIA, GONZALO DR.
Address WATSON ASSOC. MGMT
430 NW LAKE WHITNEY PL
City-State-Zip: PORT SAINT LUCIE FL 34986

Title SECRETARY
Name VICTOR, LINDA
Address WATSON ASSOC. MGMT
430 NW LAKE WHITNEY PL
City-State-Zip: PORT SAINT LUCIE FL 34986

Title PRESIDENT
Name SIBLEY, JEFFREY
Address WATSON ASSOC. MGMT
430 NW LAKE WHITNEY PL
City-State-Zip: PORT SAINT LUCIE FL 34986

Title TREASURER
Name PARKER, BARRY
Address WATSON ASSOC. MGMT
430 NW LAKE WHITNEY PL
City-State-Zip: PORT SAINT LUCIE FL 34986

Title DIRECTOR
Name DUHON, DALLAS
Address 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST 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: JEFFREY SIBLEY

PRESIDENT

04/20/2023

Electronic Signature of Signing Officer/Director Detail

Date