

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 22, 2013
Secretary of State
CC6462333157

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

Current Principal Place of Business:

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

Current Mailing Address:

PINNACLE ASSOC. MGMT
430 NW LAKE WHITNEY PLACE
PORT SAINT LUCIE, FL 34986 US

FEI Number: 56-2289362

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSS EARLE & BONAN, P.A.
789 S FEDERAL HIGHWAY
SUITE 101 ATTN: DEBORAH ROSS
STUART, FL 34994 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MORGENSTERN, MICHAEL
Address PINNACLE ASSOC. MGMT
430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT SAINT LUCIE FL 34986

Title TD
Name VICTOR, JOHN
Address PINNACLE ASSOC. MGMT
430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT SAINT LUCIE FL 34986

Title SD
Name STERMER, JUDITH
Address PINNACLE ASSOC. MGMT
430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT SAINT LUCIE FL 34986

Title D
Name SNYDER, MAURICE
Address PINNACLE ASSOC. MGMT
430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT SAINT LUCIE FL 34986

Title VP
Name VANEK, JACK
Address PINNACLE ASSOC. MGMT
430 NW LAKE WHITNEY PLACE
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: MICHAEL MORGENSTERN

PRESIDENT

02/22/2013

Electronic Signature of Signing Officer/Director Detail

Date