

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000008140

**FILED**  
**Jan 19, 2021**  
**Secretary of State**  
**8011194660CC**

**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**

**01/19/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            DIRECTOR  
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            TREASURER  
Name            MACRIS, JOHN  
Address        WATSON ASSOC. MGMT  
                  430 NW LAKE WHITNEY PL  
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**

**01/19/2021**

Electronic Signature of Signing Officer/Director Detail

Date