

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 PM 3:23

DOCUMENT # 741797 (5)
1. Corporation Name
ST. LUCIE GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
201 ST LUCIE LANE
~~904-753-3207~~ **201 ST LUCIE LN, #251** ~~904-753-3207~~ **201 ST LUCIE LN.**
COCOA BEACH FL 32931-3465 COCOA BEACH FL 32931-3465

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/23/1978** 3a. Date of Last Report **03/15/1994**
4. FEI Number **59-1895798** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **201 ST. LUCIE LN #251** 26 **201 ST LUCIE LANE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Cocoa Beach, FL** 27 **# 251**
City & State City & State
23 **Cocoa Beach** 28
Zip Country Zip Country
24 **32931** 25 **USA** 29 **FL** 30 **USA**

9. Name and Address of Current Registered Agent
GRAHAM, RUBY
201 ST LUCIE LANE #601
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent
81 Name **SIM CARDELL**
82 Street Address (P.O. Box Number is Not Acceptable) **201 ST LUCIE LANE #401**
83
84 City **COCOA BEACH** FL 85 Zip Code **32931**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE *[Signature]* **SIM CARDELL** 3/14/95 DATE

12. OFFICERS AND DIRECTORS

TITLE	OT
NAME	SALICE, SHIRLEY
STREET ADDRESS	201 ST. LUCIE LANE 908
CITY - ST - ZIP	COCOA BEACH FL
TITLE	PD
NAME	GRAHAM, RUBY
STREET ADDRESS	201 ST LUCIE LANE 601
CITY - ST - ZIP	COCOA BEACH, FL 00000
TITLE	DS
NAME	KELLY, EVE A
STREET ADDRESS	201 ST. LUCIE LANE #108
CITY - ST - ZIP	COCOA BEACH FL
TITLE	D
NAME	NELSON, JAMES
STREET ADDRESS	201 ST LUCIE LANE 602
CITY - ST - ZIP	COCOA BEACH, FL 00000
TITLE	VD
NAME	RINGERWOLDE, HARVEY
STREET ADDRESS	201 ST. LUCIE LANE, #201
CITY - ST - ZIP	COCOA BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SIM CARDELL	
13 STREET ADDRESS	201 ST LUCIE LANE #401	
14 CITY - ST - ZIP	COCOA BEACH, FL 32931	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	RUBY GRAHAM	
23 STREET ADDRESS	201 ST LUCIE LANE #601	
24 CITY - ST - ZIP	COCOA BEACH, FL 32931	
31 TITLE	DV-P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DALE C BYRD	
33 STREET ADDRESS	201 ST LUCIE LN #508	
34 CITY - ST - ZIP	COCOA BEACH, FL 32931	
41 TITLE	SECT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	DANA L BLACKWELL	
43 STREET ADDRESS	201 ST LUCIE LN #304	
44 CITY - ST - ZIP	COCOA BEACH, FL 32931	
51 TITLE	TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	WILLIAM F HUGHES JR.	
53 STREET ADDRESS	201 ST LUCIE LANE #701	
54 CITY - ST - ZIP	COCOA BEACH, FL 32931	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **SIM CARDELL** 3/14/95 DATE

407-783-1289