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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741797 (5)
1. Corporation Name
ST. LUCIE GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 201 ST. LUCIE LANE #251 BOX 763(320763) COCOA BEACH FL 32931 US	Mailing Address 201 ST. LUCIE LANE #251 COCOA BEACH FL 32931-5402 US
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3. Date Incorporated or Qualified 02/23/1978	3a. Date of Last Report 04/29/1996
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2. Principal Place of Business 21 2180 WEST SR 434	2a. Mailing Address 26 2180 WEST SR 434
Suite, Apt. #, etc. 22 SUITE 5000	Suite, Apt. #, etc. 27 SUITE 5000
City & State 23 LONGWOOD FL	City & State 28 LONGWOOD FL
Zip 24 32779	Country 25
Country 29	Zip 30 32779

4. FEI Number 59-1895798	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CARDELL, JIM
201 ST. LUCIE LANE #401
COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent
**81 Name: JAMES W HART JR
82 Street Address (P.O. Box Number is Not Acceptable): SENTRY MANAGEMENT INC
83 2180 WEST SR 434 STE 5000
84 City: LONGWOOD FL 85 Zip Code: 32779**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: **5/14/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARDELL, JIM	
STREET ADDRESS	201 ST. LUCIE LANE 401	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAHAM, RUBY	
STREET ADDRESS	201 ST LUCIE LANE 601	
CITY-ST-ZIP	COCOA BEACH, FL 00000	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BYRD, DALE C	
STREET ADDRESS	201 ST. LUCIE LANE 508	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BLACKWELL, DANA	
STREET ADDRESS	201 ST. LUCIE LANE 304	
CITY-ST-ZIP	COCOA BEACH, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HUGHES, WILLIAM	
STREET ADDRESS	201 ST. LUCIE LANE #701	
CITY-ST-ZIP	COCOA BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JONES, DALE C	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)