


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 26 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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		Mailing Address	
2180 WEST SR 434 STE. 5000 LONGWOOD FL 32779 US		2180 WEST SR 434 STE. 5000 LONGWOOD FL 32779 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30

3. Date Incorporated or Qualified  
**02/23/1978**

4. FEI Number  
**59-1895798**

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**HART, JAMES W JR.  
SENTRY MANGAEMENT INC  
2180 WEST SR 434, STE. 5000  
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CARDELL, JIM 201 ST. LUCIE LANE 401 COCOA BEACH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME			PD KELLY, EVA MAY
STREET ADDRESS			2.2 NAME
CITY-ST-ZIP			201 ST LUCIE LN #202
			1.3 STREET ADDRESS
			COCOA BEACH FL 32931
			1.4 CITY-ST-ZIP
TITLE	D GRAHAM, RUBY 201 ST LUCIE LANE 601 COCOA BEACH, FL 00000	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME			VD
STREET ADDRESS			FORTE JR, GUIDO
CITY-ST-ZIP			201 ST LUCIE LN #507
			2.3 STREET ADDRESS
			COCOA BEACH FL 32931
			2.4 CITY-ST-ZIP
TITLE	DVP JONES, DALE C 201 ST. LUCIE LANE 508 COCOA BEACH FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME			STD
STREET ADDRESS			RINGERWOLE, HARVEY A
CITY-ST-ZIP			201 ST LUCIE LN
			3.3 STREET ADDRESS
			COCOA BEACH FL 32931
			3.4 CITY-ST-ZIP
TITLE	S BLACKWELL, DANA 201 ST. LUCIE LANE 304 COCOA BEACH, FL 00000	<input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME			
STREET ADDRESS			4.2 NAME
CITY-ST-ZIP			4.3 STREET ADDRESS
			4.4 CITY-ST-ZIP
TITLE	T HUGHES, WILLIAM 201 ST. LUCIE LANE #701 COCOA BCH. FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE
NAME			
STREET ADDRESS			5.2 NAME
CITY-ST-ZIP			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			
STREET ADDRESS			6.2 NAME
CITY-ST-ZIP			6.3 STREET ADDRESS
			6.4 CITY-ST-ZIP

14. I 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.

**SIGNATURE:** *Harvey Ringerwole* HARVEY RINGERWOLE 3-8-98

CR2E037 (1097)