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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741797

1. Corporation Name
ST. LUCIE GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2180 WEST SR 434 STE. 5000 LONGWOOD FL 32779 US	Mailing Address 2180 WEST SR 434 STE. 5000 LONGWOOD FL 32779 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/23/1978	4. FEI Number 59-1895798 Applied For 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
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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

TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	KELLY, EVA MAY
STREET ADDRESS	201 ST LUCIE LN SUITE 202
CITY-ST-ZIP	COCOA BEACH FL 32931
TITLE	VD <input type="checkbox"/> DELETE
NAME	FORTE, JR G
STREET ADDRESS	201 ST LUCIE LN SUITE 507
CITY-ST-ZIP	COCOA BEACH, FL 00000 32931
TITLE	DVP <input checked="" type="checkbox"/> DELETE
NAME	JONES, DALE C
STREET ADDRESS	201 ST. LUCIE LANE 508
CITY-ST-ZIP	COCOA BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RINGERWOLE, HARVEY A.
1.3 STREET ADDRESS	201 ST. LUCIE LN #201
1.4 CITY-ST-ZIP	COCOA BEACH, FL 32931
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	9 UPLAND DRIVE
2.4 CITY-ST-ZIP	RUTLAND, VT 05701
3.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HODGE, HAROLD
3.3 STREET ADDRESS	2 MARLOW COUR ARUNDEL WAY
3.4 CITY-ST-ZIP	HIGHCLIFE CHRISTCHURCH DORSETT
4.1 TITLE	ENGLAND BH235DX <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 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, with all other like empowered.

SIGNATURE: *H. B. ...* 4-9-99 616-802-773-9590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)