

2000 UNIFORM BUSINESS REPORT (UBR)

3/4/00-90009-045-\$61.25-\$61.25

DOCUMENT # 741797

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 31 PM 3:25



DO NOT WRITE IN THIS SPACE

1. Entity 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				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-1895798 <table border="1" style="float: right; margin-left: 10px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HART, JAMES W JR. SENTRY MANGAEMENT INC 2180 WEST SR 434, STE. 5000 LONGWOOD FL 32779			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	
8. 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RINGERWOLE, HARVEY A		NAME				
STREET ADDRESS	201 ST LUCIE LN #201		STREET ADDRESS				
CITY-ST-ZIP	COCOA BEACH FL 32931		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FORTE, JR G		NAME	FORTE, JR., GUIDO			
STREET ADDRESS	9 UPLAND DR		STREET ADDRESS	201 ST. LUCIE LN #507			
CITY-ST-ZIP	RUTLAND VT 05701		CITY-ST-ZIP	COCOA BCH FL 32931			
TITLE	STD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HODGE, HAROLD		NAME				
STREET ADDRESS	2 MARLOW COUR ARUNDEL WAY		STREET ADDRESS	201 ST. LUCIE LN #201			
CITY-ST-ZIP	DORSETT, ENGLAND BH2-35DX		CITY-ST-ZIP	COCOA-BCH FL 32931			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Guido Forte</i>		Guido Forte		02-24-00 321-783-1806			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			

CR2E037 (9/99)