

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90018 008 ****70.00

DOCUMENT # N21785
 1. Entity Name
ST. LUCIA ASSOCIATION OF SOUTH FLORIDA, INC.



Principal Place of Business
 12289 PEMBROKE PINES RD
 STE 40
 PEMBROKE PINES, FL 33025 US

Mailing Address
 12289 PEMBROKE PINES RD
 STE 40
 PEMBROKE PINES, FL 33025 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

4009300-



03022006 Chg-NP CR2E037 (11/05)

4. FEI Number
 59-2838825

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RAGOONAN-HINKSON, JOAN
 18715 NW 10TH COURT
 MIAMI, FL 33169

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEWIS, RUFINA 2800 NW 175 ST MIAMI, FL 33056	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAGOONAN-HINKSON, JOAN 18715 NW 10TH COURT MIAMI, FL 33169	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEORGE, MARTHA 1604 NW 143RD TERRACE PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JALIM-GUSTAVE, CLARA 4741 NW 173 DRIVE MIAMI, FL 33055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GUSTAVE, MARGARET 201 NE 30 CT POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR FLAVIUS, BARBARA 3317 SW 3RD STREET DEERFIELD, FL 33442	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAWICE STEPHEN 2760 SOMERSET DR # 315 LAUDERDALE LAKES, FL 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AR NASHA SIMIION 2760 SOMERSET DR # 315 LAUDERDALE LAKES, FL 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SURIJA PLANTE 6020 NW 25TH ST. SUNRISE FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JALIM-GUSTAVE 4741 NW 173 DR. MIAMI, FL 33028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DEMENTRA MAGLOIRE 4150 NE 4 TERY POMPANO BEACH, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ **3/01/06** **954 297 9853**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #