2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N21785 1. Entity Name ST. LUCIA ASSOCIATION OF SOUTH FLORIDA, INC.						04-07-2006	5 90018	008 ****7	'0.00
12289 PEMI STE 40 PEMBROKE I	e of Business BROKE PINES RD PINES, FL 33025 US	Mailing Address 12289 PEMBROKE PINI STE 40 PEMBROKE PINES, FL	•			11111111111111111111111111111111111111			
2. Principal Place of Business 3. N		3. Mailing Address				881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881	IIII BIBII BIBII i		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03022006	Chg-NP	CR2E	037 (11/05)	
City & State		City & State			4. FEI Number 59-2838	825		J	pplied For ot Applicable
Žíp	Country	Zip	Country	****		f Status Desired	X	\$8.75 Ad	Iditional
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered		
			Nam	е					
	AN-HINKSON, JOAN / 10TH COURT		Street Address		P.O. Box Number	is Not Acceptab	le)		
	. 33108								
			City				F	Zip Coo	je
	named entity submits this statement for tions of registered agent.	or the purpose of changing its i	registered office	e or register	ed agent, or both	, in the State of F	Porida. I an	n familiar with	and accept
SIGNATURE .									
Oldre (Total	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered Agent si	gnature required	when reinstating)		DATE		
old viole.	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Co	paign Financin		\$5.00 May Be Added to Fees		Make che	ck payable t	
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund Ca	paign Financin	g 🗆	\$5.00 May Be	Flo	Make cheo rida Depa	ck payable tartment of S	itate
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Ca	paign Financin ontribution.	P CAN: 2740	\$5.00 May Be Added to Fees ADDITIONS/CHAI	FIGURES TO OFFICE OHEN TO NA TO NA	Make checkinda Deparente BRS AND E	ck payable tartment of S	itate
10. TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2006 OFFICERS AND DI V LEWIS, RUFINA 2800 NW 175 ST MIAMI, FL 33056 P RAGOOMAN-HINKSON, JOAN 18715 NW 10TH COURT	9. Election Cam Trust Fund Co	paign Financin ontribution. 11. TITLE NAME STREET ADDRES	P CAN: 2744 AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	\$5.00 May Be Added to Fees ADDITIONS/CHAI CE STER Some RSS under DA/C	PHEN CAKES, MIEON SET UN	Make cheerida Deparente de la Constantia	ck payable to artment of S DIRECTORS IN Change 33 // Change	N 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2006 OFFICERS AND DI V LEWIS, RUFINA 2800 NW 175 ST MIAMI, FL 33056 P RAGOOMAN-HINKSON, JOAN	9. Election Cam Trust Fund Co RECTORS	paign Financin ontribution. 11. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	P CANISS 2746 SS 2746 AA T SUR SS COZO SS COZO	\$5.00 May Be Added to Fees ADDITIONS/CHAI CE STEF SOMERSE Uder DA/C (4SHA SI 160 Somey Quderdale	PHE M ET DR # LAKES, MIEON SET UN. # LAKES, LAKES, FI	Make cheerida Deparente de la Constantia	ck payable to artment of S DIRECTORS IN Change 33 // Change	itate N 10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI V LEWIS, RUFINA 2800 NW 175 ST MIAMI, FL 33056 P RAGOOMAN-HINKSON, JOAN 18715 NW 10TH COURT MIAMI, FL 33169 T GEORGE, MARTHA 1604 NW 143RD TERRACE	9. Election Cam Trust Fund Co	paign Financin ontribution. 11. TITLE NAME STREET ADORES CITY-ST-ZIP TITLE NAME STREET ADORES CITY-ST-ZIP TITLE NAME STREET ADORES CITY-ST-ZIP TITLE NAME STREET ADORES	SS 2740 SS 2740 AA AR N SS 2740 AC SUR SOCC SUN R SS 474	\$5.00 May Be Added to Fees ADDITIONS/CHAI CE STER SOMERSE Uder DA/C (ASHA SI 160 Somey Quderdale IA PLAN RISE FL 100 173	FIGURES TO OFFICE OHEM ET IDR H LAKES, MIEO IN SET UN.* LAKES, FI TE ST. 33313	Make cheerida Deparente de la Constantia	ck payable to artment of S DIRECTORS IN Change 33; Change	N 10 Addition
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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 fue 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 explayered.

CITY-ST-ZIP

SIGNATURE:

DEERFIELD, FL 33442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/01/06

POMPANOBEACH, FL 33064

954297 9853

Daytime Phone #