

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 16 PM 3:07

DOCUMENT # **N22426 (3)**  
1. Corporation Name  
**ST. LUCIA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**6361 PELICAN BAY BV  
NAPLES FL 33963** **6361 PELICAN BAY BV  
NAPLES FL 33963**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/10/1987** 3a. Date of Last Report **06/28/1994**  
4. FEI Number **65-0038841** Applied For Not Applicable  
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 25. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 29. Zip Country  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**MENZIES, ROBERT G.  
3003 9TH ST. N.  
SUITE 270  
NAPLES FL 33940**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JAY, RICHARD
STREET ADDRESS	6361 PELICAN BAY BLVD. 705
CITY - ST - ZIP	NAPLES FL
TITLE	VD
NAME	JONES, ROSE
STREET ADDRESS	6361 PELICAN BAY BV 902
CITY - ST - ZIP	NAPLES FL
TITLE	SD
NAME	MANZO, LOUIS
STREET ADDRESS	6361 PELICAN BAY BLVD #11
CITY - ST - ZIP	NAPLES FL
TITLE	D
NAME	HALSETH, ROBERT
STREET ADDRESS	6361 PELICAN BAY BV 605
CITY - ST - ZIP	NAPLES FL
TITLE	D
NAME	BOURGRAF, EL
STREET ADDRESS	6361 PELICAN BAY BV PH3
CITY - ST - ZIP	NAPLES FL
TITLE	D
NAME	ARMSTRONG, ALFRED
STREET ADDRESS	6361 PELICAN BAY BLVD #1401
CITY - ST - ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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: *Robert G. Menzies*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/95 (313) 598-3102  
Date (Month/Year)