

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

0072121

DOCUMENT # N22426

1. Entity Name

ST. LUCIA CONDOMINIUM ASSOCIATION, INC.

05-10-2001 90151 007 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Guardian Property Management
6700 Lone Oak Blvd.
Naples, Florida 34109

City & State

4. FEI Number

65-0038841

Applied For

Not Applicable

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Guardian Property Management
6700 Lone Oak Blvd.
Naples, Florida 34109

Street

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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	D	<input checked="" type="checkbox"/> Delete
NAME	TANNER, JOHN	
STREET ADDRESS	6361 PELICAN BAY BLVD, #701	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KLAUBER, WILLIAM	
STREET ADDRESS	6361 PELICAN BAY BV 902	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WIBLE, BARBARA	
STREET ADDRESS	6361 PELICAN BAY BLVD, #503	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GIANCATIERINO, HENRY	
STREET ADDRESS	6361 PELICAN BAY BV 605	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEVENY, THOMAS	
STREET ADDRESS	6361 PELICAN BAY BLVD, #1505	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHATTUCK, SCOTT	
STREET ADDRESS	6361 PELICAN BAY BLVD #1401	
CITY-ST-ZIP	NAPLES FL	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mr. Don Gilmore	
STREET ADDRESS	St. Lucia	
CITY-ST-ZIP	6361 Pelican Bay Blvd. # 105	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mr. Clayton Neff	
STREET ADDRESS	St. Lucia	
CITY-ST-ZIP	2104 New Market Dr.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ms. Mary Copper	
STREET ADDRESS	St. Lucia	
CITY-ST-ZIP	6371 Pelican Bay Blvd.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Naples, FL 34108	
STREET ADDRESS		
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:

William Klauber

4-29-01

CR2E037 (10/00)