

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90025 028 \*\*\*\*61.25

DOCUMENT # N22426

1. Entity Name  
 ST. LUCIA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 6361 PELICAN BAY BV  
 NAPLES, FL 33963

Mailing Address  
 GUARDIAN PROPERTY MANAGEMENT  
 6700 LONE OAK BLVD  
 NAPLES, FL 34109

94040023



2. Principal Place of Business

3. Mailing Address

6361 Pelican Bay Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122004 Chg-NP CR2E037 (10/03)

City & State

Naples FL

4. FEI Number  
 65-0038841

Applied For  
 Not Applicable

Zip  
 34108

Country

Zip  
 34108

Country  
 USA

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

6. Name and Address of Current Registered Agent

GUARDIAN PROPERTY MANAGEMENT  
 6700 LONE OAK BLVD  
 NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name Mongillo & Krause, LLP  
 Street Address (P.O. Box Number is Not Acceptable)  
 1250 Ninth Street North  
 Suite # 211  
 City Naples FL Zip Code 34102

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 *Mongillo & Krause*  
*Stephane Krause*

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

(NOTE: Registered Agent signature required when reinstating)

DATE 3/24/04

DATE

Filing Fee is \$61.25  
 Due by May 1, 2004

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	T	<input type="checkbox"/> Delete
NAME	CHANDLER, JOHN	
STREET ADDRESS	6361 PELICAN BAY BLVD #502	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRAVINA, ART	
STREET ADDRESS	6361 PELICAN BAY BLVD #1001	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WIBLE, BARBARA	
STREET ADDRESS	6361 PELICAN BAY BLVD #1105	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIANCATIERINO, HENRY	
STREET ADDRESS	6361 PELICAN BAY BLVD #302	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DEVENY, THOMAS	
STREET ADDRESS	6361 PELICAN BAY BLVD #505	
CITY-ST-ZIP	NAPLES, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORDAHL, DAVE	
STREET ADDRESS	6361 PELICAN BAY #405	
CITY-ST-ZIP	NAPLES, FL 34108	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alden Bud	
STREET ADDRESS	6361 Pelican Bay Blvd # 405	
CITY-ST-ZIP	Naples FL 34108	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cornell, Bill	
STREET ADDRESS	6361 Pelican Bay Blvd # 701	
CITY-ST-ZIP	Naples FL 34108	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6361 Pelican Bay Blvd #602	
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: *JOHN P. CHANDLER*, *John* 3/26/04 592-1966 (233)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #