


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90051 010 ****61.25

DOCUMENT # N22426					
1. Entity Name ST. LUCIA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6361 PELICAN BAY BV NAPLES, FL 34108		Mailing Address 6361 PELICAN BAY BV NAPLES, FL 34108			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0038841	
5. Certificate of Status Desired <input type="checkbox"/>		Chg-NP		CR2E037 (11/05)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
MONGILLO & CRAUSE, LLP 1250 NINTH STREET NORTH SUITE #211 NAPLES, FL 34102		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 <i>John P. Chandler</i>		JOHN P. CHANDLER		3/7/06	
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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, ED		NAME	FLORESTANO, PAT	
STREET ADDRESS	6361 PELICAN BAY BLVD #1405		STREET ADDRESS	6361 PELICAN BAY BLVD. #501	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP	NAPLES FL 34108	
TITLE	Treasurer	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOOMIS, DONNA		NAME	TANNER, WENDY	
STREET ADDRESS	6361 PELICAN BAY BLVD #705		STREET ADDRESS	6361 PELICAN BAY BLVD. #1101	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDEN, BUD		NAME		
STREET ADDRESS	6361 PELICAN BAY BLVD #405		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	V. President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNELL, BILL		NAME		
STREET ADDRESS	6361 PELICAN BAY BLVD #701		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANDLER, JOHN		NAME		
STREET ADDRESS	6361 PELICAN BAY BLVD #502		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVINA, ART		NAME		
STREET ADDRESS	6361 PELICAN BAY BLVD. #1001		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP		
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: <i>Victoria Louise Czarnik, CAM, Manager</i>		3/7/06		239-598-3402	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
VICTORIA LOUISE CZARNIK					