

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90116 036 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **65-0038841**
Applied For
 Not Applicable

City & State

Zip Country Zip Country

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
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 _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> Delete GILMORE, MR. DON STREET ADDRESS 6361 PELICAN BAY BLVD #105 CITY-ST-ZIP NAPLES FL 34108
TITLE VPD	<input checked="" type="checkbox"/> Delete NEFF, CLAYTON STREET ADDRESS 6361 PELICAN BAY BLVD #402 CITY-ST-ZIP NAPLES FL 34108
TITLE SD	<input type="checkbox"/> Delete WIBLE, BARBARA STREET ADDRESS 6361 PELICAN BAY BLVD #404 CITY-ST-ZIP NAPLES FL
TITLE TD	<input type="checkbox"/> Delete GIANCATERINO, HENRY STREET ADDRESS 6361 PELICAN BAY BLVD #302 CITY-ST-ZIP NAPLES FL
TITLE DP	<input type="checkbox"/> Delete PRESIDENT DEVENY, THOMAS STREET ADDRESS 6361 PELICAN BAY BLVD #505 CITY-ST-ZIP NAPLES FL <i>ok</i>
TITLE D	<input checked="" type="checkbox"/> Delete COPPER, MS. MARY STREET ADDRESS 6361 PELICAN BAY BLVD #G7 CITY-ST-ZIP NAPLES FL 34108

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN CHANDLER STREET ADDRESS 6361 PELICAN BAY BLVD #502 CITY-ST-ZIP NAPLES FL 34108
TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BARBARA WIBLE STREET ADDRESS 6361 PELICAN BAY BLVD #1105 CITY-ST-ZIP NAPLES FL 34108
TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition HENRY GIANCATERINO STREET ADDRESS 6361 PELICAN BAY BLVD #302 CITY-ST-ZIP NAPLES FL 34108
TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ART GRAVINA STREET ADDRESS 6361 PELICAN BAY BLVD #1001 CITY-ST-ZIP NAPLES FL 34108
TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DAVE NORDAHL STREET ADDRESS 6361 PELICAN BAY BLVD #602 CITY-ST-ZIP NAPLES FL 34108
TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition BUD ALDEN STREET ADDRESS 6361 PELICAN BAY #405 CITY-ST-ZIP NAPLES FL 34108

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: *[Signature]* **3/26/03** **(239)** **592-7206**

CR2E037 (10/02)