

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22426

**FILED**  
**Feb 26, 2014**  
**Secretary of State**  
**CC4629921372**

**Entity Name:** ST. LUCIA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6361 PELICAN BAY BLVD  
NAPLES, FL 34108

**Current Mailing Address:**

6361 PELICAN BAY BLVD  
NAPLES, FL 34108

**FEI Number:** 65-0038841

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

S & J PROFESSIONAL SERVICES, INC.  
4100 CORPORATE SQUARE  
SUITE #155  
NAPLES, FL 34104 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name JONES, EDWARD E  
Address 6361 PELICAN BAY BLVD  
City-State-Zip: NAPLES FL 34108

Title VP, T  
Name LOOMIS, ALLEN E  
Address 6361 PELICAN BAY BLVD  
City-State-Zip: NAPLES FL 34108

Title S  
Name GMITER, MARGARET  
Address 6361 PELICAN BAY BLVD  
City-State-Zip: NAPLES FL 34108

Title D  
Name FLORESTANO, PAT  
Address 6361 PELICAN BAY BLVD  
City-State-Zip: NAPLES FL 34108

Title D  
Name PFEIFER, SIGMUND  
Address 6361 PELICAN BAY BLVD  
City-State-Zip: NAPLES FL 34108

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** EDWARD E. JONES

**PRESIDENT**

**02/26/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date