

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741797

FILED
Apr 12, 2006
Secretary of State

Entity Name: ST. LUCIE GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
STE. 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
STE. 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-1895798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANGAEMENT INC
2180 WEST SR 434, STE. 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRUITT, BARBARA
Address: 201 ST. LUCIE LANE #905
City-St-Zip: COCOA BEACH, FL 32931

Title: VPD () Delete
Name: LEROUX, PAULINE
Address: 201 ST. LUCIE LANE #907
City-St-Zip: COCOA BCH, FL 32931

Title: STD () Delete
Name: JONES, DALE
Address: 1764 N. MERRIMAC DR.
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: ERDAHL, MIKE
Address: 201 ST. LUCIE LANE #401
City-St-Zip: COCOA BEACH, FL 32931

Title: STD (X) Change () Addition
Name: LEROUX, PAULINE
Address: 201 ST. LUCIE LANE #907
City-St-Zip: COCOA BCH, FL 32931

Title: PD (X) Change () Addition
Name: JONES, DALE
Address: 1764 N. MERRIMAC DR.
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DALE JONES

PD

04/12/2006

Electronic Signature of Signing Officer or Director

Date