

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90106 004 ***150.00

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1. Entity Name
SAINT JUDES DRIVE SOUTH CONDOMINIUMS
ASSOCIATION INC.



Principal Place of Business
713 ST JUDES DRIVE SOUTH #1
LONGBOAT KEY, FL 34228

Mailing Address
C/O ACT INC.
4134 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228 US

50003297



01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0135372

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YERS, MORINE
723 ST JUDE DR.
LONGBOAT KEY, FL 34228

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	SEGO, PAT
STREET ADDRESS	5730 W WHITEHEAD RD
CITY-ST-ZIP	BARGERSVILLE, IN 46106
TITLE	TD
NAME	HAMM, MARY LOU
STREET ADDRESS	707 ST JUDE DR SO #1
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	P
NAME	MYERS, MORINE
STREET ADDRESS	723 ST JUDE DR. S
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	SD
NAME	RAYON, DEBORAH
STREET ADDRESS	1522 COTTONWOOD TRAIL
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	VD
NAME	ALEMAN, JOSEPH
STREET ADDRESS	ST JUDES DR S 729 #2
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #