

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

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90025 033 ****61.25

DOCUMENT # 752783

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**

4000000000



01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0135372	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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**

**DO NOT WRITE
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 reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEGO, PAT 5730 W WHITEHEAD RD BARGERSVILLE, IN 46106
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMM, MARY LOU 707 ST JUDE DR SO #1 LONGBOAT KEY, FL 34228
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYERS, MORINE 723 ST JUDE DR. S LONGBOAT KEY, FL 34228
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAYON, DEBORAH 1522 COTTONWOOD TRAIL SARASOTA, FL 34232
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO ALEMAN, JOSEPH ST JUDES DR S 729 #2 LONGBOAT KEY, FL 34228
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____