


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90079 022 ***150.00

0518998

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # F96000002496

1. Corporation Name
ST. LUCIE WEST DEVELOPMENT CORP.



Principal Place of Business 1740 SW ST LUCIE W BLVD 10 E 50TH ST 26TH FLR PT ST LUCIE FL 34986 US	Mailing Address 1740 SW ST LUCIE W BLVD 10 E 50TH ST 26TH FLR PT ST LUCIE FL 34986 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/17/1996	4. FEI Number 13-3889774	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State 23	City & State 28	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Zip 24	Country 25	Zip 29	Country 30	

9. Name and Address of Current Registered Agent HEGENER, PAUL J 1740 SW ST LUCIE W BLVD PT ST LUCIE FL 34986	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
--	--

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEVAN, ALAN		1.2 NAME Page, David C.	
STREET ADDRESS 1750 E SUNRISE BLVD		1.3 STREET ADDRESS 1740 SW St. Lucie West Blvd.	
CITY-ST-ZIP FT LAUDERDALE FL 33304		1.4 CITY-ST-ZIP Port St. Lucie, FL 34986	
TITLE DC	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ABDO, JOHN E		2.2 NAME	
STREET ADDRESS 1350 NE 56TH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL 33334		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ABDO, JOHN E		3.2 NAME	
STREET ADDRESS 1350 NE 56TH ST		3.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL 33334		3.4 CITY-ST-ZIP	
TITLE DP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEGENER, PAUL J		4.2 NAME	
STREET ADDRESS 1740 SW ST LUCIE W BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP PT ST LUCIE FL 34986		4.4 CITY-ST-ZIP	
TITLE DVP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BABCOCK, THOMAS A		5.2 NAME	
STREET ADDRESS 1740 SW ST LUCIE W BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP PT ST LUCIE FL 34986		5.4 CITY-ST-ZIP	
TITLE DVT	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDERSON, JAMES H		6.2 NAME	
STREET ADDRESS 17840 SW ST LUCIE W BLVD		6.3 STREET ADDRESS 1740 SW St. Lucie West Blvd.	
CITY-ST-ZIP PT ST LUCIE FL 34986		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **4/28/99** **561-340-3500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)