

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:39

DOCUMENT # N01346 (8)

1. Corporation Name

ST. LUCIE CLUB AND APARTMENT HOMES, BUILDING D, INC.

Principal Place of Business

Mailing Address

**#15 COLORADO AVENUE
P.O. BOX 2059
STUART FL 34994-3019**

**815 COLORADO AVENUE
P.O. BOX 2059
STUART FL 34994-3019**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/09/1984

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2386351

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

24 #

25

28 Zip

Country

29

30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 192.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WTULICH, EDWARD
50 SW KINDRED ST #201
STUART FL 33494**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S
NAME	TAYLOR, SIDLEY
STREET ADDRESS	168 SE ST LUCIE #301
CITY - ST - ZIP	STUART FL
TITLE	SD
NAME	SCHOPPE, OTTO
STREET ADDRESS	2632 SW MARIPOSA CIR
CITY - ST - ZIP	PALM CITY FL
TITLE	P
NAME	VOGT, JANE
STREET ADDRESS	166 SE ST. LUCIE #D205
CITY - ST - ZIP	STUART FL
TITLE	D
NAME	DAHLBERG, ROSA
STREET ADDRESS	166 SE ST. LUCIE #D-303
CITY - ST - ZIP	STUART FL
TITLE	T
NAME	SKLON, MYRA
STREET ADDRESS	166 SE ST LUCIE #204
CITY - ST - ZIP	STUART FL
TITLE	VO
NAME	COOPER, IRENE
STREET ADDRESS	166 NE ST. LUCIE #D401
CITY - ST - ZIP	STUART FL

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VO SIDLEY TAYLOR
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D SARAH L. WADSEY
5.3 STREET ADDRESS	166 SE ST. LUCIE BLVD
5.4 CITY - ST - ZIP	STUART, FL
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D ESTELLE WALPERIN
6.3 STREET ADDRESS	166 S.E. ST LUCIE BLVD
6.4 CITY - ST - ZIP	STUART, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jane Vocht

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #