

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N01346 (8)
1. Corporation Name

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



Principal Place of Business Mailing Address
**815 COLORADO AVENUE
P.O. BOX 2059
STUART FL 34994-3019**

3. Date Incorporated or Qualified **02/09/1984** 3a. Date of Last Report **04/05/1995**

2. Principal Place of Business 2a. Mailing Address
21 **26** **PO Box 2059**

4. FEI Number **59-2386351** Applied For Not Applicable

Suite, Apt. #, etc. **27** Suite, Apt. #, etc.

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

City & State **23** City & State **28** **Stuart**

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

Zip Country **24** **25** Zip Country **29** **30** **34995**

8. This corporation has liability for intangible tax under s. 199.032, 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 **Judith A. KENNEY**
82 Street Address (P.O. Box Number is Not Acceptable) **1943 NE. Dixie Hwy**
83
84 City **Jensen Beach** **85** Zip Code **FL 34957**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Judith A. KENNEY** *Judith A. Kenney* **4/22/96**
Signature, typed or printed name of registered agent and title if applicable (Typed) Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	TAYLOR, SIDLEY	
STREET ADDRESS	166 SE ST LUCIE #301	
CITY-ST-ZIP	STUART FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHOPPE, OTTO	
STREET ADDRESS	2832 SW MARIPOSA CIR	
CITY-ST-ZIP	PALM CITY FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VOGT, JANE	
STREET ADDRESS	166 SE ST. LUCIE #D205	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAHLBERG, ROSA	
STREET ADDRESS	166 SE ST. LUCIE #D-303	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LINDSEY, SARAH	
STREET ADDRESS	166 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALPERIN, ESTELLE	
STREET ADDRESS	166 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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 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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(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 Vogt* **Jane Vogt** **26 April 1996** **407 286-9669**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)