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Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 815 COLORADO AVENUE, P.O. BOX 2059, STUART FL 34994-3019  
Mailing Address: P.O. BOX 2059, STUART FL 34995-2059, US

2. Principal Place of Business: 21 1943 NE Dixie Hwy, Suite, Apt. #, etc. 22  
City & State: 23 Jensen Beach FL  
Zip: 24 34957 Country: 25 U.S.  
2a. Mailing Address: 26  
Suite, Apt. #, etc. 27  
City & State: 28  
Zip: 29 Country: 30

3. Date incorporated or Qualified: 02/09/1984  
3a. Date of Last Report: 05/01/1996  
4. FET Number: 59-2386351 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
JUDITH A. KENNEY  
1943 N.E. DIXIE HWY  
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent  
81 Name: Kathleen Kenney  
82 Street Address (P.O. Box Number is Not Acceptable): 1943 NE Dixie Hwy  
83  
84 City: Jensen Beach FL 85 Zip Code: 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: Kathleen Kenney Kathleen Kenney DATE: 4-7-97  
(NOTE: Registered Agent signature required when installing)

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 checked="" 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 checked="" 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 BY: 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Theodore Lukacs	
2.3 STREET ADDRESS	166 SE St. Lucie Blvd	
2.4 CITY-ST-ZIP	Stuart FL 34996	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lance Willock	
4.3 STREET ADDRESS	166 SE St Lucie Blvd	
4.4 CITY-ST-ZIP	Stuart FL 34996	
5.1 TITLE		<input type="checkbox"/> Change
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	HALPERIN, ESTELLE	<input checked="" 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 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 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 4-7-97 591-2386-9667

CR2E037 (9/96)