

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90272 013 \*\*\*\*61.25

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name  
 ST. LUCIE CLUB AND APARTMENT HOMES, BUILDING D, INC.

Principal Place of Business Mailing Address  
 166 S.E. ST. LUCIE BLVD. 662 N.E. OCEAN BLVD.  
 STUART, FL 34996 STUART, FL 34996

DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	02/09/1984
4.	FEI Number	59-2386351
	Applied For	Not Applicable
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
8.	This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name	TIMOTHY D. KAZMIER (SAME)
82	Street Address (P.O. Bx Number is Not Acceptable)	662 N.E. OCEAN BLVD.
83		S
84	City	STUART FL
85	Zip Code	34996

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 \_\_\_\_\_ DATE 4/26/99

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	THEODORE LUKACS	
STREET ADDRESS	166 S.E. ST. LUCIE BLVD.	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	MRS. SIDLEY TAYLOR	
STREET ADDRESS	166 S.E. ST. LUCIE BLVD.	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	JANE VOGT	
STREET ADDRESS	166 S.E. ST. LUCIE BLVD.	
CITY-ST-ZIP	STUART, FL 34996	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: Theodore Lukacs DATE: 4/26/99 DAYTIME PHONE #: 561-334-3600

CR2E034 (11/98)