


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90031 024 ****61.25

DOCUMENT # N01346			
1. Entity Name ST. LUCIE CLUB AND APARTMENT HOMES, BUILDING D, INC.			
Principal Place of Business 166 SE ST LUCIE BLVD STUART FL 34996 US		Mailing Address 2115 SE OCEAN BLVD. STUART FL 34996 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-2386351		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KAZMIER, TIMOTHY D. 2115 SE OCEAN BLVD. STUART FL 34996		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, SIDLEY <input type="checkbox"/> Delete 166 SE ST LUCIE #301 STUART FL 34996	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	PD LUKACS, THEODORE <input type="checkbox"/> Delete 166 SE ST LUCIE BLVD STUART FL 34996	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	TD VOGT, JANE <input type="checkbox"/> Delete 166 SE ST. LUCIE #D205 STUART FL 34996	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	D LINDSEY, SARAH <input type="checkbox"/> Delete 166 SE ST LUCIE BLVD STUART FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	D DAND, SIV <input checked="" type="checkbox"/> Delete 166 SE ST LUCIE BLVD STUART FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	D NORDIN, ELGENE <input type="checkbox"/> Delete 166 SE ST. LUCIE BLVD. STUART FL 34996	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: THEODORE LUKACS *theodore lukacs* 2/27/04 772-220-0005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #