


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90085 044 \*\*\*\*61.25

<b>DOCUMENT # N01346</b>			
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
6. Name and Address of Current Registered Agent KAZMIER, TIMOTHY D. 2115 SE OCEAN BLVD. STUART, FL 34996		7. Name and Address of New Registered Agent Name: <u>Dickinson Management INC</u> Street Address (P.O. Box Number is Not Acceptable): <u>1136 SE Osprey Street</u> City: <u>Nobe Sound, FL</u> Zip Code: <u>33451</u>	
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: <u>Jo. Onndovik</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: <u>3/29/2005</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, SIDLEY 166 SE ST LUCIE #301 STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DT</u> <u>TAYLOR SIDLEY</u> <u>166 SE ST LUCIE #301</u> <u>STUART, FL 34996</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUKACS, THEODORE 166 SE ST LUCIE BLVD STUART, FL 34996 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SD</u> <u>LUKACS Theodore</u> <u>166 SE ST LUCIE BLVD</u> <u>STUART, FL 34996</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VOGT, JANE 166 SE ST. LUCIE #D205 STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DU</u> <u>VOGT, JANE</u> <u>161 SE St Lucie Blvd</u> <u>Stuart FL 34996</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDSEY, SARAH 166 SE ST LUCIE BLVD STUART, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DT</u> <u>MILOT MARY</u> <u>166 SE St Lucie Blvd</u> <u>Stuart FL 34996</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORDIN, ELGENE 166 SE ST. LUCIE BLVD. STUART, FL 34996 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DP</u> <u>WILLOCK LANCE</u> <u>166 SE St Lucie Blvd</u> <u>Stuart FL 34996</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <u>Lance Willock</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: _____ Daytime Phone #: _____	

50033157



03212005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2386351 Applied For Not Applicable

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