

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90332 030 ****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		
50010545					
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
JAS Mgt Corp 3209 SW 1st Ave & Lucie Blvd PMB 191			02092008 Chg-NP CR2E037 (11/05)		
City & State			4. FEI Number		
Port St Lucie FL 34953			59-2386351		
Zip			5. Certificate of Status Desired		
34953 FL County			<input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DICKINSON MANAGEMENT INC 1136 SE OSPREY STREET HOBE SOUND, FL 33455			Name JAS Mgt Corp Street Address (P.O. Box Number is Not Acceptable) 339 NW Lee Lucie Trail City Port St Lucie FL Zip Code 34986		
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>Lee Monica</u> DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TAYLOR, SIDLEY 166 SE ST LUCIE #301 STUART, FL 34996	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sealie Peterson 166 SE St Lucie Blvd Stuart FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LUKACS, THEODORE 166 SE ST LUCIE BLVD STUART, FL 34996	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Jewel Peterson 166 SE St Lucie Blvd Stuart FL 34996	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VOGT, JANE 161 SE ST FRANCIS BLVD STUART, FL 34996	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MILOT, MARY 166 SE ST LUCIE BLVD STUART, FL 34996	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILLOCK, LANCE 166 SE ST. LUCIE BLVD. STUART, FL 34996	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Lee Monica</u> 3/28/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					