


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

JAS Mgt Corp

50010545

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 3209 SW Post St Lucie Blvd
 Suite, Apt. #, etc.
 PMB 191



02092008 Chg-NP CR2E037 (11/05)

City & State
 Stuart FL 34996

City & State
 Stuart FL 34996

Zip Country
 34953 FL Country
 34953 FL Country
 SL County

4. FEI Number
 59-2386351

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DICKINSON MANAGEMENT INC
 1136 SE OSPREY STREET
 HOBE SOUND, FL 33455

7. Name and Address of New Registered Agent

Name
JAS Mgt Corp

Street Address (P.O. Box Number is Not Acceptable)
339 NW Lee Lucie Trail

City
Post 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 *Lee Monica*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$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	SD LUKACS, THEODORE 166 SE ST LUCIE BLVD STUART, FL 34996	<input checked="" type="checkbox"/> Delete
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	TD MILOT, MARY 166 SE ST LUCIE BLVD STUART, FL 34996	<input type="checkbox"/> Delete
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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Leslie Nelson</i> 166 SE St Lucie Blvd Stuart FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Jewel Peterson</i> 166 SE St Lucie Blvd Stuart FL 34996	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: * *Lee Monica* 3/28/06
 Signature and typed or printed name of signing officer or director Date Daytime Phone #