

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90039 011 ****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 3209 SW PONCE DE LEON BLVD PMB 191 PORT SAINT LUCIE FL 34953 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>3209 SW Port St Lucie Blvd</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>191</i>			
City & State		City & State <i>Port St. Lucie FL</i>		4. FEI Number 59-2386351	
Zip	Country	Zip <i>34953</i>	Country <i>St Lucie</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent JAS MGT. CORP 339 NW TREE LINE TRACE PORT SAINT LUCIE FL 34986			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when consulting) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY ST / ZIP	D CARLON, JEALIE 166 SE ST. LUCIE 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	SD ROLERSON, JEWEL 166 SE ST. LUCIE BLVD STUART FL 34996	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	<i>SD JEWEL PETERSON 166 SE ST LUCIE Blvd Blvd STUART FL 34996</i>	<input checked="" 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	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	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 Section 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: *Mary Milot*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #