## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01346

FILED Apr 13, 2009 Secretary of State

Entity Name: ST. LUCIE CLUB AND APARTMENT HOMES, BUILDING D, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

166 SE ST LUCIE BLVD 166 SE ST LUCIE BLVD STUART, FL 34996

D 403 STUART, FL 34996

**Current Mailing Address:** New Mailing Address:

JAS MANAGEMENT CORP 3209 SW PORT ST. LUCIE BLVD

SUITE 191 PO BOX 881442

PORT SAINT LUCIE, FL 34953 US PORT SAINT LUCIE, FL 34988 US

FEI Number: 59-2386351 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JAS MGT. CORP JAS MANAGEMENT CORP 339 NW TREE LINE TRACE 339 NW TREELINE TRACE

PORT SAINT LUCIE, FL 34986 PORT SAINT LUCIE, FL 34986 US US

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.

SIGNATURE: LEON C. MONICA 04/13/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

PETERSON, JEWEL PETERSON, JEWEL Name: Name: 166 SE ST LUCIE BLVD D 104 Address: 166 SE ST LUCIE BLVD D 104 Address:

City-St-Zip: STUART, FL 34996 City-St-Zip: STUART, FL 34996

Title: TD Title: (X) Change ( ) Addition ( ) Delete MILOT, MARY Name: MILOT, MARY Name:

Address: 166 SE ST LUCIE BLVD Address: 166 SE ST LUCIE BLVD

City-St-Zip: STUART, FL 34996 City-St-Zip: STUART, FL 34996

Title: () Delete Title: (X) Change ( ) Addition

WILLOCK, LANCE Name: WILLOCK, LANCE Name: 166 SE ST. LUCIE BLVD. 166 SE ST. LUCIE BLVD. Address: Address: City-St-Zip: STUART, FL 34996 City-St-Zip: STUART, FL 34996

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON C. MONICA Μ 04/13/2009