2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1346

1. Entity Name

ST. LUCIE CLUB AND APARTMENT HOMES, BUILDING D. INC.



FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90120 041 ****61.25



Modifical Address Modifical Address Modifical Address STUART R. 19998 STUA					`	900 WE 18						
16 S ST LUCIE BLVD SUITART FL 19998 2. Principal Proce of Business SULS STUART FL 19998 2. State Apr. #. etc. Sultar Apr. #.	Principal Place of Business Mailing Address											
Sulfa. Apt. #, etc. Sulfa. Ap	STUART FL 3			662 NE OCEAN BLVD STUART FL 34996			1 18811187 811 8019		A lah Alah a k an	1 21211 618 11 1	SIŘELÁJOU IRSI	
Sulfa. Apt. #, etc. Sulfa. Ap	2. Principal	Place of Busin	ness		-							
Suite, Apt. #, doc City & State City & State Country Application E. Name and Address of Current Registered Agent T. Name and Address of Status Desired \$8.75 Additional Fee Programs Fee Programs Fee Programs City FL 70 Code City		, 1000 01 00011			9		1 (00/1/18) 0/1 00/1	i 11 69 d 11111 d 1819	Nill Gibli Didi			
Type Country Zip Country S. Certificate of Status Desired S8.75 Additional Preparation of S8.7	Suite, Apt	t. #, etc.					CHECK HERE IF MAKING CHANGES					
E. Name and Address of Current Registared Agent 6. Name and Address of Current Registared Agent 7. Name and Address of New Registared Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The Above named and submits this statement for the purpose of changing its registered agent. 8. The Above named agent address of epistered agent. 8. The Above named agent address of epistered agent. 8. The Above named agent address of epistered agent address of epistered agent. 8. The Above named agent address of epistered agent. 8. The Above named agent address of epistered agent. 8. The Above named agent address of epistered agent. 8. The Above named agent address of epistered agent. 8. The Above named agent address of the purpose of changing its registered agent, or both, in the State of Florida. I am item with and scrept the obligations of registered agent. 8. The Above named agent address of epistered agent. 8. The Above named agent address of the purpose of changing its registered agent, or both, in the State of Florida. I am item with and scrept into above named agent address agent, or both, in the State of Florida. I am item with and scrept into above named agent address agent, or both, in the State of Florida. I am item with and scrept into above named agent. 8. The Above named agent	City & State			City & State			4. FEI Number 59-	2386351				
KAZMER, TIMOTHY D. 662 NE OCEAN BLVD STUART PL 34996 City FL Zip Code City FL Zip	Zip		Country	Zip	Country	•	5. Certificate of Star	tus Desired		\$8.75 A	dditional	
Name		6. Name	and Address of Curren	t Registered Agent	<u> </u>		1					
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### City FL Zip Code ### City FL Zi	662 NE	OCEAN BLV		\$15 21	Sitest Address (COLBOX Number is Not Acceptable)							
The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE	SIUARI	rt 34990										
SIGNATURE Signature, typeed or priced name of registered agent and toe if applicable. (NOTE: Registered Agent a greature required when reintating) DATE	٠			City	' .			FL	Zip Co	de		
SIGNATURE Signature, typeed or priced name of registered agent and toe if applicable. (NOTE: Registered Agent a greature required when reintating) DATE												
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing	the obligations of registered agent.											
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing												
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE SD TAYLOR, SIDLEY STRETA ADDRESS STRETA ADDRE												
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May 8e 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 SD		Signature, typed	or printed name of registered agen	t and title if applicable. (NOTE	: Registered Agent :	signature required	when reinstating)		DATE			
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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 cath; 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:

JANEOVOGITURE REQUIRED

772-220-0005