

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002468

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** SANTA LUZ CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5237 SUMMERLIN COMMONS BLVD, SUITE 351  
FT MYERS, FL 33907

**New Principal Place of Business:**

5237 SUMMERLIN COMMONS BLVD, SUITE 351  
FT MYERS, FL 33907 UN

**Current Mailing Address:**

C/O THE EIHAUSEN LAW FIRM  
P. O. BOX 1630  
FT. MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 45-2039485      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CREATIVE COMMUNITY CONSULTANTS, LLC  
C/O THE EIHAUSEN LAW FIRM  
5237 SUMMERLIN COMMONS BLVD.  
FT. MYERS, FL 33907 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MACFARLANE, ROBERT  
Address: 2797 FIRST ST, UNIT 2001  
City-St-Zip: FT MYERS, FL 33916

Title: D  
Name: CHARPENTIER, JEFF  
Address: 2797 FIRST ST, UNIT 406  
City-St-Zip: FORT MYERS, FL 33916

Title: D  
Name: HEFFRON, JOEL  
Address: 10350 WILSHIRE BLVD, SUITE 304  
City-St-Zip: LOS ANGELES, CA 90024

I hereby 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 all other like empowered.

SIGNATURE: JEFF CHARPENTIER

VP

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date