

FILE NOW: FILING FEE IS \$61.25

FILED
May 07 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21785
1. Corporation Name
ST. LUCIA ASSOCIATION OF GREATER MIAMI, INC.

Principal Place of Business 4702 NW 192 Terrace Miami, fl 33055	Mailing Address 4702 NW 192 Terrace Miami, Fl 33055
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3. Date Incorporated or Qualified
07/30/1987

4. FEI Number
59-2838825

Applied For	Not Applicable
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2. Principal Place of Business 21 4702 NW 192 TERR Suite, Apt. #, etc.	2a. Mailing Address 26 4702 NW 192 TERRACE Suite, Apt. #, etc.
22 City & State MIAMI, FL	27 City & State MIAMI, FL
23 Zip 33055 Country DADE	28 Zip 33055 Country DADE

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**SYLVIA JAMES
4702 NW 192 TERRACE
MIAMI, FL 33055**

10. Name and Address of New Registered Agent

81 Name SYLVIA JAMES
82 Street Address (P.O. Box Number is Not Acceptable) 4702 NW 192 TERRACE
83
84 City MIAMI, FL
85 Zip Code 33055

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NAME Registered Agent signature required when installing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, IVY 2800 NW 175TH STREET MIAMI, FL 33055	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAGOONAN, JOAN 18715 NW 10TH CT MIAMI, FL 33169	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PLANTE, EUGENIA 1811 NW 2ND CT MIAMI, FL 33169	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUPLESSIS, AVERNELLE 17901 NW 44TH AVENUE MIAMI, FL 33055	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAMES, SYLVIA 4702 NW 192 TERR CAROL CITY, FL 33055	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HIPPOLYTE, SONIA 840 CORAL WAY MIAMI, FL 33134	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P JOHNNY REMY 6990 SW 173RD WAY DAVIE, FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S EDWARD SHIRLEY 3221 SW 65TH AVE MIRAMAR, FL 33023	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	V CANICE STEPHEN 7311 GRANDVIEW BLVD MIRAMAR, FL 33023	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	000002524680 -05/15/98--01007--030 ***70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	TR LUBRIN GEORGE 10241 SW 9TH LANE PEMBROKE PINES, FL 33025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sylvia James* (SYLVIA JAMES) 4/6/98 3056203592

CR2E037 (10/97)

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**ST.LUCIA ASSOCIATION OF MIAMI
FEI # 59-2838825**

ADDITION

**TRUSTEE: MARYSUE JAMES
4702 NW 192 TERRACE
CAROL CITY, FL 33055**

**TRUSTEE: EDWARD, THOMAS
2430 NW 181 TERRACE
MIAMI,FL 33056**

**TRUSTEE: PLANTE, STEPHEN
17131 NW 32ND AVE
MIAMI,FL 33056**