## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N21785

FILED Oct 21, 2009 Secretary of State

Entity Name: ST. LUCIA ASSOCIATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:			New Principal Place of Business:		
	173RD DRIVE RDENS, FL 33055	US			
Current Mailing Address:			New Mailing Address:		
	73RD DRIVE RDENS, FL 33055	US			
FEI Number: 59-2838825 FEI Number Applied For() FEI Nur In accordance with s. 607.193(2)(b), F.S., the corporation did not receive t Name and Address of Current Registered Agent:			-		
RAGOONAN-HINKSON, JOAN 18715 NW 10TH COURT MIAMI, FL 33169 US			PETERS, LILA MS 4290 NW 43RD STREET LAUDERDALE LAKES, FL 33319 US		
	named entity submits of Florida.	this statement for the purpose of	of changing it	its registered office or registered agent, or both,	
SIGNATUF	RE: LILA PETERS			10/21/2009	
	Electronic Signa	ature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( ) Delete JALLIM, CLARA 4741 NW 173RD DRIVE MIAMI GARDENS, FL 33	3055	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TR ( ) Delete PETERS, LILA 4290 NW 43RD STREET LAUDERDALE LAKES, F		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () Delete DUPLESSIS, COLINS 3971 NW 171 STREET MIAMI GARDENS, FL 33	3055	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () Delete VILTOR, MONICA 2783 NW 34TH AVE #20 LAUDERDALE LAKES, F		Title: Name: Address: City-St-Zip:	V (X) Change ( ) Addition VICTOR, MONICA 2783 NW 34TH AVE #201 LAUDERDALE LAKES, FL 33311	
Title: Name: Address: City-St-Zip:	T () Delete GUSTAVE, MARGARET 201 NE 30 CT POMPANO BEACH, FL	33064	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition VICTOR, GERMAINE 2783 NW 34TH AVE #201 LAUDERDALE LAKES, FL 33311	
Title: Name: Address: City-St-Zip:	TR () Delete LEWIS, RUFINA 2800 NW 175TH STREE MIAMI GARDENS, FL 33		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: COLINS DUPLESSIS T 10/21/2009