## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N22426

Name: Address:

City-St-Zip:

FILED Apr 16, 2009 Secretary of State

Entity Name: ST. LUCIA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
3361 PELICAN BAY BV NAPLES, FL 34108				6361 PELICAN BAY BLVD NAPLES, FL 34108			
Current Mailing Address:				New Mailing Address:			
6361 PELICAN BAY BV NAPLES, FL 34108				6361 PELICAN BAY BLVD NAPLES, FL 34108			
El Number:	65-0038841	FEI Number Applied For()	FEI Nur	nber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Na					Name and Address of New Registered Agent:		
SCULLIN & SOBEMAN, PA 1250 NINTH STREET NORTH SUITE #211 NAPLES, FL 34102 US				SCULLIN & SOBELMAN, PA 1250 TAMIAMI TRAIL NORTH SUITE #302 NAPLES, FL 34102 US			
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, n the State of Florida.							
SIGNATURE: JAMES J SCULLIN, CPA					04/16/2009		
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Fitle: Name: Address: City-St-Zip:	CRABTREE, MA	BAY BLVD. #504		Title: Name: Address: City-St-Zip:	VP ALDEN, HI 6361 PELI NAPLES, F	CAN BAY BLVD. #405	
Fitle: Name: Address: City-St-Zip:	PLAKIAS, GRE	BAY BLVD #702		Title: Name: Address: City-St-Zip:		CAN BAY BLVD #702	
Fitle: Name: Address: City-St-Zip:	D ( ) FLORESTANO, 6361 PELICAN NAPLES, FL 3-	BAY BLVD 501		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Fitle: Name: Nddress: City-St-Zip:	TANNER, WEN	BAY BLVD 1101		Title: Name: Address: City-St-Zip:		() Change () Addition	
Fitle: Name: Address: City-St-Zip:	GRAVINA, ART	Delete BAY BLVD #1001 4108		Title: Name: Address: City-St-Zip:		( ) Change( ) Addition	
Γitle:	( )	Delete		Title:	Р/Т	( ) Change (X) 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.

Name:

Address:

City-St-Zip:

DONNA. LOOMIS

NAPLES, FL 34108

6361 PELICAN BAY BLVD #705

SIGNATURE: DONNA LOOMIS P/T 04/16/2009