

FILE NOW: FILING FEE IS \$61.

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000004065 (8)**

1. Corporation Name

ST. LUCIE FALLS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

9000 S. W. PENNSYLVANIA AVENUE
STUART FL 34997

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STUART FL 34997



3. Date Incorporated or Qualified **08/16/1994** 3a. Date of Last Report **10/26/1995**

2. Principal Place of Business 2a. Mailing Address
21 **2714 S.W. MONARCH TRAIL** 26 **2714 S.W. MONARCH TRAIL**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

City & State City & State
23 **STUART, FL.** 28 **STUART, FL.**

Zip Country Zip Country
24 **34997** 25 **MARTIN** 29 **34997** 30 **MARTIN**

4. FEI Number **59-2905310** Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUDA, ANTHONY
2714 S.W. MONARCH TRAIL
STUART FL 34997

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD <input type="checkbox"/> DELETE
NAME	CUDA, ANTHONY
STREET ADDRESS	2714 SW MONARCH TRAIL
CITY-ST-ZIP	STUART FL 34997
TITLE	VC <input checked="" type="checkbox"/> DELETE
NAME	HEDGES, BOB
STREET ADDRESS	2516 SW VERSAILLES TER.
CITY-ST-ZIP	STUART FL 34997
TITLE	DS <input type="checkbox"/> DELETE
NAME	JENNISON, BEVERLY
STREET ADDRESS	2611 S.W. OLDS PLACE
CITY-ST-ZIP	STUART FL 34997
TITLE	DR <input type="checkbox"/> DELETE
NAME	PHARO, JANET
STREET ADDRESS	9065 SW CHEVY CIRCLE
CITY-ST-ZIP	STUART FL 34997
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT JENNISON
2.3 STREET ADDRESS	2611 S.W. OLDS PL.
2.4 CITY-ST-ZIP	STUART, FL. 34997
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	600001748526 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-03/19/96--01025--040
6.3 STREET ADDRESS	***61.25
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Anthony Cuda* **ANTHONY CUDA** 2/26/96 407-220-0074
Date Daytime Phone

CR2E037 (12/95)