

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED  
AND  
FILED

97 OCT 20 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004065 (8)**  
1. Corporation Name

**ST. LUCIE FALLS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>2714 SW MONARCH TRAIL STUART FL 34997</b>	Mailing Address <b>2714 SW MONARCH TRAIL STUART FL 34997</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 2880 S.W. Versailles Tr</b>		2a. Mailing Address <b>26 2880 S.W. Versailles Tr</b>		3. Date Incorporated or Qualified <b>08/16/1994</b>	3a. Date of Last Report <b>03/18/1996</b>
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-2905310</b>	Applied For Not Applicable
City & State <b>23 Stuart FL</b>		City & State <b>28 Stuart FL</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24 34997</b>		Country <b>25 Martin</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>29 34997</b>		Country <b>30 Martin</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name <b>Bob Swindell</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2880 S.W. Versailles Tr</b>
83
84 City <b>Stuart FL</b>
85 Zip Code <b>34997</b>

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 **F. A. Swindell** DATE **9/16/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CUDA, ANTHONY</b>		1.2 NAME <b>Robert Swindell</b>	
STREET ADDRESS <b>2714 SW MONARCH TRAIL</b>		1.3 STREET ADDRESS <b>2880 S.W. Versailles Tr</b>	
CITY-ST-ZIP <b>STUART FL 34997</b>		1.4 CITY-ST-ZIP <b>Stuart, Fla 34997</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JENNISON, ROBERT</b>		2.2 NAME <b>Nancy Smith</b>	
STREET ADDRESS <b>2811 SW OLDS PLACE</b>		2.3 STREET ADDRESS <b>2542 S.W. Monarch Terrace</b>	
CITY-ST-ZIP <b>STUART FL 34997</b>		2.4 CITY-ST-ZIP <b>Stuart, Fla 34997</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JENNISON, BEVERLY</b>		3.2 NAME <b>Marion A. Richards</b>	
STREET ADDRESS <b>2811 S.W. OLDS PLACE</b>		3.3 STREET ADDRESS <b>2772 S.W. Toronado Trail</b>	
CITY-ST-ZIP <b>STUART FL 34997</b>		3.4 CITY-ST-ZIP <b>Stuart, FL 34997</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PHARO, JANET</b>		4.2 NAME	
STREET ADDRESS <b>9065 SW CHEVY CIRCLE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>STUART FL 34997</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 of Block 20 if changed, or on an attachment with an address.

SIGNATURE **F. Robert Swindell** DATE **9/16/97**

CR2E037 (4/97)