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Sep 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N95000000863  
1. Corporation Name

ST. LOUIS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address  
SAINT LOUIS CONDOMINIUM ASSOC.  
800 Cloughton Island Drive  
Miami, Florida 33131

AMENDMENT

3. Date Incorporated or Qualified 02/22/1995  
4. Date of Last Report 05/01/97

2. Principal Place of Business 2a. Mailing Address  
31 800 CLAUGHTON ISLAND DR. 26 800 CLAUGHTON ISLAND DR.

4. FEI Number 65-0558472  
Applied For Not Applicable

23. City & State MIAMI FLORIDA  
27. City & State MIAMI FLORIDA

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

24. Zip 33131 28. Country DADE  
29. Zip 33131 30. Country DADE

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

8. Name and Address of Current Registered Agent  
HYMAN  
& KAPLAN  
150 W Flager Street  
Suite # 2701  
Miami, Fl. 33130

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (Name, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME GLORIA DECKARD, President  
STREET ADDRESS 800 Cloughton Island #1603  
CITY-ST-ZIP Miami, Fl. 33131

1.1 TITLE  Change  Addition  
1.2 NAME GLORIA DECKARD  
1.3 STREET ADDRESS PRES - DIRECTOR  
1.4 CITY-ST-ZIP 800 CLAUGHTON IS DR # 1603  
MIAMI-FL. 33131

TITLE  DELETE  
NAME UWA AIDEYAN, Vice-President  
STREET ADDRESS 800 Cloughton Island Dr. 801  
CITY-ST-ZIP Miami, Fl. 33131

2.1 TITLE  Change  Addition  
2.2 NAME UWA AIDEYAN,  
2.3 STREET ADDRESS VICE-PRES-DIRECTOR  
2.4 CITY-ST-ZIP 800 CLAUGHTON IS. DR.  
MIA- FL. 33131

TITLE  DELETE  
NAME LUIS R. FERNANDEZ, Treasurer  
STREET ADDRESS 800 Cloughton Island Dr. 240  
CITY-ST-ZIP Miami, Fl. 33131

3.1 TITLE  Change  Addition  
3.2 NAME LUIS FERNANDEZ  
3.3 STREET ADDRESS TREASURER-DIRECTOR  
3.4 CITY-ST-ZIP 800 CLAUGHTON IS. DR.  
MIAMI - FL. 33131

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME 200002635112  
6.3 STREET ADDRESS -09/09/98--01036--019  
6.4 CITY-ST-ZIP \*\*\*61.25

14. I do hereby certify that the information supplied with this filing does not fully qualify for the exemption stated in Section 119.07(3)(X), 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 person authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: \_\_\_\_\_

DATE: 8/7/98