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**Secretary of State**

03-01-1999 90217 036 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N95000000863**

1. Corporation Name

**ST. LOUIS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**800 CLAUGHTON ISLAND DR.  
 MIAMI FL 33131**

Mailing Address

**800 CLAUGHTON ISLAND DR.  
 MIAMI FL 33131**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

**02/22/1995**

4. FEI Number

**65-0558472**

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

9. Name and Address of Current Registered Agent

**HYMAN & KAPLAN  
 150 W FLAGLER ST  
 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **PD DECKARD, GLORIA**  
 STREET ADDRESS **800 CLAUGHTON ISLAND DR., APT. #1603**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE  DELETE

NAME **VPD AIDEYAN, UWA**  
 STREET ADDRESS **800 CLAUGHTON ISLAND DR.**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE  DELETE

NAME **TD FERNANDEZ, LUIS**  
 STREET ADDRESS **800 CLAUGHTON ISLAND DR.**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME **Director Shipman, Barry**  
 4.3 STREET ADDRESS **800 Cloughton Island Drive**  
 4.4 CITY-ST-ZIP **MIAMI FL 33131**

5.1 TITLE  Change  Addition

5.2 NAME **Cratjens, James**  
 5.3 STREET ADDRESS **800 Cloughton Island Drive**  
 5.4 CITY-ST-ZIP **MIAMI FL 33131**

6.1 TITLE  Change  Addition

6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I 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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/99 305 37-8250**  
 Date Daytime Phone #

CR2E037 (1/198)