

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90236 019 ****70.00

DOCUMENT # N95000000863

1. Entity 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

913006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0558472

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HYMAN & KAPLAN~~
~~150 W FLAGLER ST~~
~~SUITE 2707~~
~~MIAMI FL 33130~~

Bob Martin
Martin & Bennis
319 SE 14th street
FT Lauderdale FL 33316

Name *Bob Martin*

Street Address (P.O. Box Number is Not Acceptable)

319 SE 14 Street

FT Lauderdale Florida

City

FL

Zip Code

33316

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DECKARD, GLORIA	
STREET ADDRESS	800 CLAUGHTON ISLAND DR., APT. #1603	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	AIDEYAN, UWA	
STREET ADDRESS	800 CLAUGHTON ISLAND DR.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, LUIS	
STREET ADDRESS	800 CLAUGHTON ISLAND DR.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHIPMAN, BARRY	
STREET ADDRESS	800 CLAUGHTON ISLAND DRIVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	GAETJENS, JAMES	<input type="checkbox"/> Delete
NAME	GAETJENS, JAMES	
STREET ADDRESS	800 CLAUGHTON ISLAND DRIVE # 1004	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	FRANK Mc GEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	800 claughton island drive	
STREET ADDRESS	# 401	
CITY-ST-ZIP	miami FL 33131 (Vice President)	
TITLE	maria Vila	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	800 claughton island drive	
CITY-ST-ZIP	miami FL 33131 #2104	
TITLE	Sergio Moroni	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director #1905	
STREET ADDRESS	800 claughton island drive	
CITY-ST-ZIP	miami FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF JAMES GAETJENS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-27-01

305-377-8250

Date

Daytime Phone #

CR2E037 (10/00)