


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90045 034 ****61.25

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**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

SKRLD, INC.
201 ALHAMBRA CIR., SUITE 1102
CORAL GABLES, FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing / Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD Delete
 NAME DECKARD, GLORIA DR
 STREET ADDRESS 800 CLAUGHTON ISLAND DR, 1603
 CITY-ST-ZIP MIAMI, FL 33131

TITLE VP Delete
 NAME GONZALEZ, LUIS
 STREET ADDRESS 800 CLAUGHTON ISLAND DR #1003
 CITY-ST-ZIP MIAMI, FL 33131

TITLE S Delete
 NAME GONZALEZ, LUIS
 STREET ADDRESS 800 CLAUGHTON ISLAND DR, 1003
 CITY-ST-ZIP MIAMI, FL 33131

TITLE D Delete
 NAME MIRABITO, GUISERPE
 STREET ADDRESS C/O MAE MIRABITO 4009 WEMBLEY FORREST WY
 CITY-ST-ZIP ATLANTA, GA 30340

TITLE T Delete
 NAME GAETJENS, JAMES
 STREET ADDRESS 800 CLAUGHTON ISLAND DR, 1004
 CITY-ST-ZIP MIAMI, FL 33131

TITLE P Delete
 NAME DECKAVO, GLORIA J
 STREET ADDRESS 800 CLAUGHTON ISLAND DR#1603
 CITY-ST-ZIP MIAMI, FL 33131

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME Secretary
 STREET ADDRESS Daniel Marinberg
 CITY-ST-ZIP 1024 Lenox Ave. #5
 Miami Beach, FL 33139

TITLE Change Addition
 NAME Treasurer
 STREET ADDRESS Winchell Cheung
 CITY-ST-ZIP 800 Claughton Island Dr. #601
 Miami, FL 33131

TITLE Change Addition
 NAME Director
 STREET ADDRESS Antony Horat
 CITY-ST-ZIP 800 Claughton Island Dr. #2605
 Miami, FL 33131

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **1/17/05**
Date

DAYTIME PHONE # _____
Daytime Phone #



01132005 Chg-NP CR2E037 (10/03)

4. FEI Number **65-0558472** Applied For Not Applicable

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