2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 02, 2006 8:00 am Secretary of State DOCUMENT # N99000000442 1. Entity Name 05-02-2006 90218 010 ****61.25 ST. LUCIE VILLAS CONDOMINIUM ASSOCIATION, Principal Place of Business Mailing Address 250 ST LUCIE LN., #23 COCOA BEACH FL 32931 250 ST LUCIE LN., #23 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-3645116 Not Applicable $Z_{\rm ID}$ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAW OFFICES OF BECKER & POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) 2500 MAITLAND CENTER PARKWAY **SUITE 209** MAITLAND FL 32751 FI 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 (NOTC Registered Agent signature required when reastating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be \Box Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS President PΩ Delete ☐ Addition CULBERTSON, PHIL Julio Perez, MD NAME NAME 250 ST. LUCIE LA #22 250 St Lucie Ln 14 STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-ZIP Oelele T171 F ■ Addition TITLE Charioe WALLEN, HOWARD NAME MAME STREET ADDRESS 250 ST. LUCIE LA #2 STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-ZIP TELLE Delete TITLE 🗶 Change ☐ Addition NAME WARO, WHITEY NAME STREET ADDRESS 250 ST. LUCIE LA #1 STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-ZIP ☐ Change TITLE TD ☐ Delete TITLE ☐ Addition NAME RICE, ELAINE 250 ST. LUCIE LA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-ZIP Change TITLE TITLE Dinector Addition X Delete WOYT, ROSALIE Dianna Schulkers NAME MAME 250 ST. LUCIE LA #3 STREET ADDRESS STREET ADDRESS 55t Lucie Ln 14 CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Section 119. 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 Sallewathouses

4-23-06 321-784-3865

FILED