


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N99000000442</b> 1. Entity Name ST. LUCIE VILLAS CONDOMINIUM ASSOCIATION, INC.	
--	---

Principal Place of Business 250 ST LUCIE LN., #23 COCOA BEACH, FL 32931	Mailing Address 250 ST LUCIE LN., #23 COCOA BEACH, FL 32931
---	---

DO NOT WRITE IN THIS SPACE



04142007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3645116	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LAW OFFICES OF BECKER & POLIAKOFF, P.A. 2500 MAITLAND CENTER PARKWAY SUITE 209 MAITLAND, FL 32751
---

DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>Filing Fee is \$81.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. PEREZ, JULIO M.D. 250 SAINT LUCIE LANE SUITE 14 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALLEN, HOWARD 250 ST. LUCIE LA #2 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOYT, ROBERT 250 SAINT LUCIE LANE SUITE 3 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICE, ELAINE 250 ST. LUCIE LA COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULKERS, DIANNA 250 SAINT LUCIE LANE SUITE 14 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYSON, KELLY 250 SAINT LUCIE LANE COCOA BEACH, FL 32931

DO NOT WRITE  
IN THIS SPACE

U000000718303  
05/01/07-80017-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

<b>SIGNATURE:</b> <i>D Schulkers</i> <i>D Schulkers</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>4-14-07</i> Date	<i>321-784-3865</i> Daytime Phone #
---	------------------------	--