

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90055 018 \*\*\*\*61.25

<b>DOCUMENT # N99000000442</b> 1. Entity Name <b>ST. LUCIE VILLAS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>250 ST LUCIE LN., #23 COCOA BEACH, FL 32931</b>			Mailing Address <b>250 ST LUCIE LN., #23 COCOA BEACH, FL 32931</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4. FEI Number <b>59-3645116</b>	
City & State  Zip		City & State  Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LAW OFFICES OF BECKER &amp; POLIAKOFF, P.A. 2500 MAITLAND CENTER PARKWAY SUITE 209 MAITLAND, FL 32751</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>PEREZ, JULIO M.D.</b> <b>250 SAINT LUCIE LANE SUITE 14</b> <b>COCOA BEACH, FL 32931</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>WALLEN, HOWARD</b> <b>250 ST. LUCIE LA #2</b> <b>COCOA BEACH, FL 32931</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>Woyt, Robert</b> <b>250 St Lucie Ln 3</b> <b>Cocoa Beach FL 32931</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>WOYT, ROBERT</b> <b>250 SAINT LUCIE LANE SUITE 3</b> <b>COCOA BEACH, FL 32931</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>Tyson, Kelly</b> <b>250 St Lucie Ln</b> <b>Cocoa Beach FL 32931</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>RICE, ELAINE</b> <b>250 ST. LUCIE LA</b> <b>COCOA BEACH, FL 32931</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SCHULKERS, DIANNA</b> <b>250 SAINT LUCIE LANE SUITE 14</b> <b>COCOA BEACH, FL 32931</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>TYSON, KELLY</b> <b>250 SAINT LUCIE LANE</b> <b>COCOA BEACH, FL 32931</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Elaine M. Rice (ELAINE M. RICE</b> <span style="float: right;"><b>4-10-08 321-868-6336</b></span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					