2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# N99000000442

Entity Name: ST. LUCIE VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

250 ST LUCIE LN., #23
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

250 ST LUCIE LN., #23
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 59-3645116 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAW OFFICES OF BECKER & POLIAKOFF, P.A.
2500 MAITLAND CENTER PARKWAY
SUITE 209
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PEREZ, JULIO M.D.
Address: 250 SAINT LUCIE LANE SUITE 14
City-St-Zip: COCOA BEACH, FL 32931

Title: VD ( ) Delete
Name: WOYT, ROBERT
Address: 250 ST LUCIE LN 3
City-St-Zip: COCOA BEACH, FL 32931

Title: SD ( ) Delete
Name: TYSON, KELLY
Address: 250 ST LUCIE LN
City-St-Zip: COCOA BEACH, FL 32931

Title: TD ( ) Delete
Name: RICE, ELAINE
Address: 250 ST. LUCIE LA
City-St-Zip: COCOA BEACH, FL 32931

Title: D ( ) Delete
Name: SCHULKERS, DIANNA
Address: 250 SAINT LUCIE LANE SUITE 14
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: DUGUAY, PAULINE
Address: 250 ST LUCIE LN
City-St-Zip: COCOA BEACH, FL 32931

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANNA SCHULKERS D 02/25/2009

Electronic Signature of Signing Officer or Director — Date