SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 10:37

DOCUMENT # P94000080678 (3)

1. Corporation Name

ST. LUCIE GARDENS DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
2500 N. MILITARY TRAIL SUITE 102 BOCA RATON FL 33431	2500 N. MILITARY TRAIL SUITE 102 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1994
3a. Date of Last Report:

2. Principal Place of Business
21 4204 S.E. Home Way
22 Suite, Apt. #, etc.
23 City & State: Port St. Lucie, FL
24 Zip: 34952
25 Country: St. Lucie

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 65-0544218 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RUDD, JAMES D
2500 N. MILITARY TRAIL
SUITE 102
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPV	11 TITLE	XX Change ☐ Addition
NAME	RUDD, JAMES D	12 NAME	ROBERT J. LADD, President
STREET ADDRESS	2500 N. MILITARY TRAIL, SUITE 102	13 STREET ADDRESS	4 Portside Dr.
CITY-ST-ZIP	BOCA RATON FL 33431	14 CITY-ST-ZIP	Ft. Laudeerdale, Fla.33316
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	RUDD, JAMES D	22 NAME	ROBERT A. STICKNEY , Sec.
STREET ADDRESS	2500 N. MILITARY TRAIL, SUITE 102	23 STREET ADDRESS	324 Nottingham Blvd.
CITY-ST-ZIP	BOCA RATON FL 33431	24 CITY-ST-ZIP	West Palm Beach, Fla. 33405
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	JOHN M. STICKNEY V. Pres.
STREET ADDRESS		33 STREET ADDRESS	415 N.E. 15th Ave.
CITY-ST-ZIP		34 CITY-ST-ZIP	Ft. Lauderdale, Fla. 33301
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6-14-95 407-337-3338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0085062 CP

CR2E034 (3/95)