

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N95000000863

**Entity Name:** ST. LOUIS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

800 CLAUGHTON ISLAND DR.  
MIAMI, FL 33131

**Current Mailing Address:**

800 CLAUGHTON ISLAND DR.  
MIAMI, FL 33131 US

**FEI Number:** 65-0558472

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
121 ALHAMBRA PLAZA  
10TH FLOOR  
CORAL GABLES , FL 33134 US

*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

**Officer/Director Detail :**

Title VP  
Name MARTINEZ, JUAN  
Address 800 CLAUGHTON ISLAND DR,  
C/O MGMT OFFICE  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name BOUSTANY, GILBERT  
Address 800 CLAUGHTON ISLAND DR.#1005  
C/O MGMT OFFICE  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name KNIGHT, JEANNA  
Address 800 CLAUGHTON ISLAND DR  
C/O MGMT OFFICE  
City-State-Zip: MIAMI FL 33131

Title PRESIDENT, TREASURER  
Name DECKARD, GLORIA  
Address 800 CLAUGHTON ISLAND DR.  
C/O MGMT OFFICE  
City-State-Zip: MIAMI FL 33131

Title SECRETARY  
Name DI TONDO, IRENE  
Address 800 CLAUGHTON ISLAND DR.  
C/O MGMT OFFICE  
City-State-Zip: MIAMI FL 33131

*I hereby 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 all other like empowered.*

**SIGNATURE:** GLORIA DECKARD

**PRESIDENT**

**08/26/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date