

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20925

**FILED**  
**Feb 25, 2004**  
**Secretary of State****Entity Name:** ST. THOMAS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O NEWELL PROPERTY MGMT  
5435 JAEGER RD. #4  
NAPLES, FL 34109 US**New Principal Place of Business:****Current Mailing Address:**C/O NEWELL PROPERTY MGMT  
5435 JAEGER RD. #4  
NAPLES, FL 34109 US**New Mailing Address:****FEI Number:** 65-0038845**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WILLIAM NEWELL  
5435 JARGAR RD #4  
NAPLES, FL 34109 US**Name and Address of New Registered Agent:**WILLIAM NEWELL  
5435 JAEGER ROAD #4  
NAPLES, FL 34109 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: \_\_\_\_\_

02/25/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** THOMPSON, JACK  
**Address:** 6151 PELICAN BAY BLVD. #29  
**City-St-Zip:** NAPLES, FL 34108**Title:** VD ( ) Delete  
**Name:** PFEIFER, DONALD,  
**Address:** 6131 PELICAN BAY BLVD #5  
**City-St-Zip:** NAPLES, FL 34108**Title:** STD ( ) Delete  
**Name:** THATCHER, GENTRY,  
**Address:** 6141 PELICAN BAY BLVD 22  
**City-St-Zip:** NAPLES, FL 34108**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VD (X) Change ( ) Addition  
**Name:** PFEIFER, DONALD  
**Address:** 6131 PELICAN BAY BLVD #5  
**City-St-Zip:** NAPLES, FL 34108**Title:** STD (X) Change ( ) Addition  
**Name:** THATCHER, GENTRY  
**Address:** 6141 PELICAN BAY BLVD 22  
**City-St-Zip:** NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JACK THOMPSON

PD

02/25/2004

Electronic Signature of Signing Officer or Director

Date