

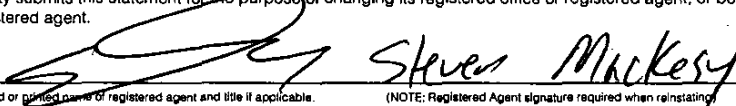



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90241 023 ****61.25

DOCUMENT # 771244 1. Entity Name ST. CROIX CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 496 E GULF DR SANIBEL, FL 33957 US			Mailing Address P.O. BOX 100 SANIBEL, FL 33957 US		
2. Principal Place of Business 40 Island Management Group Suite, Apt. #, etc.		3. Mailing Address 40 Island Management Group Suite, Apt. #, etc.			
City & State		City & State		01122005 Chg-NP CR2E037 (10/03)	
Zip Country		Zip Country		4. FEI Number 59-2402656	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JAMBECK, NICK 703 TARPON BAY RD SUITE B SANIBEL, FL 33957				7. Name and Address of New Registered Agent Name Steven J. Mackesy Street Address (P.O. Box Number is Not Acceptable) 40 Island Management Group PO Box 100 - 711 Tarpon Bay Road City Sanibel FL Zip Code 33957	
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  Steven Mackesy DATE 4-11-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, WILLIAM 1310 VALLEYHIGH DR NW ROCHESTER, MN		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERSON, JOHN BOX 3319 RFD N/A LONG GROVE, IL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEEVES, DANIEL 497 E GULF DRIVE # 2 SANIBEL, FL 33957		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROTH, BARRY P O BOX 1315 N/A SANIBEL, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input 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 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 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.					
SIGNATURE:  Daniel Steeves					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 11/14/05 Daytime Phone # 847-438-2081					