

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90044 032 ****61.25

DOCUMENT # 771244

1. Entity Name
ST. CROIX CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
ISLAND MGMT
PO BOX 100
SANIBEL, FL 33957 US

Mailing Address
ISLAND MGMT
PO BOX 100
SANIBEL, FL 33957 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2402656

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACKESY, STEVEN J
C/O ISLAND MGMT GROUP
P O BOX 100 711 TARPON BAY RD
SANIBEL, FL 33957

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
BOWMAN, WILLIAM
1310 VALLEYHIGH DR NW
ROCHESTER, MN ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
PETERSON, JOHN
BOX 3319 RFD N/A
LONG GROVE, IL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
STEEVES, DANIEL
497 E GULF DRIVE # 2
SANIBEL, FL 33957 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
ROTH, BARRY
P O BOX 1315 N/A
SANIBEL, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☒ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

John Peterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-08

Date

239-472-8093

Daytime Phone #