## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 771244  1. Entity Name ST. CROIX CONDOMINIUM ASSOCIATION, INC.							O-	4-17-2008 90	0044 032 *	***61.25	
Principal Place ISLAND MGM PO BOX 100 SANIBEL, FL	Address D MGMT DX 100 EL, FL 33957	MGMT 100			i i i conti focul fo		IAL CIDI BIDI DIDI	1 <b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </b>	OH O HEO		
2. Principal Pl	ace of Business - No P.O. Box #	3. Maili	ng Address					161 (1919 (1941 B)641 9	HOLDING BIRIL AND		#
Suite, Apt. #, etc.		Suite, Apt. #, etc.					01032008	Chg-NP	CR2E03	7 (12/06)	
City & State		City & State				4. FEI Number 59-2402	656		<del></del>	plied For t Applicable	
Zip	Country	Zip		Cou	intry		5. Certificate o	f Status Desired		8.75 Add ee Required	
	6. Name and Address of Current	Registere	d Agent				7. Name and A	ddress of New	Registered A	gent	
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MACKESY, STEVEN J C/O ISLAND MGMT GROUP P O BOX 100 711 TARPON BAY RD SANIBEL, FL 33957			Street			ddress (	P.O. Box Number	is Not Acceptal	ble)		
SANIBLE, I E 33907			City						FL	Zip Code	9
	named entity submits this statement fi ions of registered agent.	or the purpo	ose of changing its	register	ed office or	register	ed agent, or both	, in the State of I	Florida. I am f	amiliar with,	and accept
SIGNATURE	Signeture, typed or printed name of registered agen	t and title il appl	mahla (NOT								<del></del>
<del></del>		·	icable. (1901	E. Høgistere		re required	( when reinstating		DATE		
	Filing Fee is \$61.25 Due by May 1, 2008		9. Election Car Trust Fund (	mpaign F	inancing	re required	\$5.00 May Be Added to Fees	I	Make check orida Depart		
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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 giver like empowered.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-08

239-472-8093

Daytime Phone #