

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771244

FILED
Feb 13, 2009
Secretary of State

Entity Name: ST. CROIX CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ISLAND MGMT
PO BOX 100
SANIBEL, FL 33957 US

Current Mailing Address:

ISLAND MGMT
PO BOX 100
SANIBEL, FL 33957 US

New Principal Place of Business:

PARAGON FINANCIAL SERVICES
8280 COLLEGE PKWY #103
FORT MYERS, FL 33919 US

New Mailing Address:

PARAGON FINANCIAL SERVICES
8280 COLLEGE PKWY #103
FORT MYERS, FL 33919 US

FEI Number: 59-2402656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CONRAD, DEBBIE S
C/O PARAGON FINANCIAL SERVICES
8280 COLLEGE PKWY #103
FORT MYERS, FL 33919 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: DEBBIE S CONRAD

02/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BOWMAN, WILLIAM,
Address: 1310 VALLEYHIGH DR NW
City-St-Zip: ROCHESTER, MN

Title: PD () Delete
Name: PETERSON, JOHN,
Address: BOX 3319 RFD N/A
City-St-Zip: LONG GROVE, IL

Title: SD () Delete
Name: STEEVES, DANIEL
Address: 497 E GULF DRIVE # 2
City-St-Zip: SANIBEL, FL 33957

Title: VD () Delete
Name: ROTH, BARRY
Address: P O BOX 1315 N/A
City-St-Zip: SANIBEL, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: BOWMAN, WILLIAM
Address: 172 RIVER BLUFFS LANE NW
City-St-Zip: ROCHESTER, MN 55901

Title: VPD (X) Change () Addition
Name: PETERSON, JOHN
Address: BOX 3319 RFD N/A
City-St-Zip: LONG GROVE, IL 60047

Title: SD (X) Change () Addition
Name: STEEVES, DANIEL
Address: 635 LIDDLE LANE
City-St-Zip: WYOMING, OH 45215

Title: PD (X) Change () Addition
Name: ROTH, BARRY
Address: P O BOX 1315
City-St-Zip: SANIBEL, FL 33957

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BARRY ROTH

PD

02/13/2009

Electronic Signature of Signing Officer or Director

Date