

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90021 026 ****61.25

DOCUMENT # N00000008185

1. Entity Name
ST. CROIX CONDOMINIUM, INC.



Principal Place of Business
**3145 S. ATLANTIC AVENUE
DAYTONA BEACH SHORES, FL 32118**

Mailing Address
**3145 S. ATLANTIC AVENUE
DAYTONA BEACH SHORES, FL 32118**

40051340



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3685909

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**KENNEDY, MICHAEL
444 SEABREEZE BLVD STE 1001
DAYTONA BEACH, FL 32118**

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	P	<input type="checkbox"/> Delete
NAME	DEMBINSKY, SANDRA	
STREET ADDRESS	3145 S. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BCH SHORES, FL 32118	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCOTT, JOHN	
STREET ADDRESS	3145 S. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BCH SHORES, FL 32118	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KING, HARRY	
STREET ADDRESS	3145 S. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BCH SHORES, FL 32118	
TITLE	T	<input type="checkbox"/> Delete
NAME	GOURLEY, ANN	
STREET ADDRESS	3145 S. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BCH SHORES, FL 32118	
TITLE	DAL	<input checked="" type="checkbox"/> Delete
NAME	CHANDLER, GARY	
STREET ADDRESS	3145 S. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BCH SHORES, FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, JOANN.	
STREET ADDRESS	3145 S. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BCH SHORES, FL 32118	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAZE, JAY	
STREET ADDRESS	3145 S. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BCH SHORES, FL 32118	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]
President
St. Croix Condominium Association

3/21/08

386-295-2398