

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90039 037 \*\*\*\*61.25

DOCUMENT # N02000009517

1. Entity Name:

ST. KITTS CONDOMINIUM, INC.



Principal Place of Business

2410 DODGE DR  
DAYTONA BCH FL 32118

Mailing Address

PO BOX 7407  
DAYTONA BEACH SHORES FL 32116

JUU40704

2. Principal Place of Business

2855 S. ATLANTIC AVE  
ATTEN: ASSOCIATION

3. Mailing Address

2855 S. ATLANTIC AVE  
ATTEN: ASSOCIATION



1st MOORE

CR2E037 (10/04)

City & State

DAYTONA BEACH SHORES, FL

City & State

DAYTONA BEACH SHORES, FL

4. FEI Number

51-0455610

Applied For

Not Applicable

Zip

32118

Country

FLORIDA

Zip

32118

Country

FLORIDA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOK, DOUGLAS M  
2410 DODGE DR  
DAYTONA BCH FL 32118

7. Name and Address of New Registered Agent

Name: RONALD M SCACHITTI  
Street Address (P.O. Box Number is Not Acceptable): 2855 SOUTH ATLANTIC AVE  
UNIT 501  
City: DAYTONA BEACH SHORES FL Zip Code: 32118

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

*Ronald M Scachitti* PRESIDENT, ST. KITTS CONDOMINIUM, INC 3-10-05  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25  
Due By May 1, 2005

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: D ☒ Delete  
NAME: COOK, DOUGLAS M  
STREET ADDRESS: 2410 DODGE DR  
CITY-ST-ZIP: DAYTONA BCH FL 32118

TITLE: D ☒ Delete  
NAME: COOK, SANDRA J  
STREET ADDRESS: 2410 DODGE DR  
CITY-ST-ZIP: DAYTONA BCH FL 32118

TITLE: D ☒ Delete  
NAME: MOTSINGER, LARRY  
STREET ADDRESS: 2410 DODGE DR  
CITY-ST-ZIP: DAYTONA BCH FL 32118

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PRESIDENT ☒ Change ☐ Addition  
NAME: RONALD M SCACHITTI  
STREET ADDRESS: 2855 S. ATLANTIC AVE. UNIT 501  
CITY-ST-ZIP: DAYTONA BEACH SHORES, FL 32118

TITLE: SECRETARY ☒ Change ☐ Addition  
NAME: SHAILEE JOBALIA  
STREET ADDRESS: 2855 S. ATLANTIC AVE UNIT 202  
CITY-ST-ZIP: DAYTONA BEACH SHORES, FL 32118

TITLE: VICE PRESIDENT ☒ Change ☐ Addition  
NAME: MARK BOCKENSTETTE  
STREET ADDRESS: 2855 SOUTH ATLANTIC AVE. UNIT 601  
CITY-ST-ZIP: DAYTONA BEACH SHORES, FL 32118

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

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

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: *Ronald M Scachitti* RONALD M SCACHITTI 3/10/05 386-788-2156  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #