## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Jan 26, 2006 8:00 am **Secretary of State** DOCUMENT # N02000009517 1. Entis Narhe -01-26-2006 90029 028 \*\*\*\*61.25 ST. KITTS CONDOMINIUM, INC. Principal Place of Business Mailing Address 2855 S ATLANTIC AVE 2855 S ATLANTIC AVE ATTEN: ASSOC DAYTONA BCH FL 32118 DAYTONA BCH FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 51-0455610 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCACHITTI, RONALD M Street Address (P.O. Box Number is Not Acceptable) 2855 S ATLANTIC AVE DAYTONA BCH FL 32118 City Zip Code B. 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to w. Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCACHITTI, RONALD M : . . . NAME NAME 2855 S ATLANTIC AVE UNIT 501 STREET ADDRESS STREET ADDRESS DAYTONA BCH FL 32118 3 CITY-ST-ZIP CITY-ST-ZIP SECRETARY TITLE Detete Addition TITLE ☐ Change SHAILES TOBALIA COOK, SANDRA J NAME NAME 2855 5. ATLANTIC AJE # 202 2855 S ATLANTIC AVE UNIT 202 STREET ADDRESS STREET ADDRESS DAYTONA BCH FL 32118 CITY-ST-ZIP BAYTELLA BEACH SHIRES 7437118 TITLE VP ☐ Delete TITLE ☐ Change ☐ Addition NAME BOCKENSTETTE, MARK NAME 2855 S ATLANTIC AVE UNIT 601 STREET ADDRESS STREET ADDRESS DAYTONA BCH FL 32118 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attackment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

C!TY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

Delete

Jan 18 2006 (386) 188.2156

Change

☐ Addition

FILED