

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 20, 2007  
Secretary of State**

DOCUMENT# N02000009517

Entity Name: ST. KITTS CONDOMINIUM, INC.

**Current Principal Place of Business:**

2855 S ATLANTIC AVE  
ATTEN: ASSOC  
DAYTONA BCH, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

2855 S ATLANTIC AVE  
ATTEN: ASSOC  
DAYTONA BCH, FL 32118

**New Mailing Address:**

FEI Number: 51-0455610      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCACHITTI, RONALD M  
2855 S ATLANTIC AVE  
DAYTONA BCH, FL 32118      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: SCACHITTI, RONALD M  
Address: 2855 S ATLANTIC AVE UNIT 501  
City-St-Zip: DAYTONA BCH, FL 32118

Title: S      ( ) Delete  
Name: JOBALIA, SHAILEE  
Address: 2855 S ATLANTIC AVE UNIT 202  
City-St-Zip: DAYTONA BCH, FL 32118

Title: VP      ( ) Delete  
Name: BOCKENSTETTE, MARK  
Address: 2855 S ATLANTIC AVE UNIT 601  
City-St-Zip: DAYTONA BCH, FL 32118

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RONALD SCACHITTI

PRES

02/20/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date