

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90286 013 \*\*\*\*61.25

**DOCUMENT # N19475**

1. Entity Name  
**ST. MAARTEN CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**6101 PELICAN BAY BLVD.  
NAPLES, FL 34108**

Mailing Address  
**6101 PELICAN BAY BLVD.  
NAPLES, FL 34108**

**40078614**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**65-0038842**

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

**MENZIES, ROBERT G  
ROETZEL & ANDRESS  
3003 TAMiami TRAIL N STE 270  
NAPLES, FL 33940**

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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PINSLEY, BARRY  
6101 PELICAN BAY, PH-3  
NAPLES, FL 34108** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T.  
PATERSON, CHRIS  
6101 PELICAN BAY #305  
NAPLES FL 34108** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
SMITH, FLOYD  
6101 PELICAN BAY #604  
NAPLES, FL 34108** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D.  
KANGISSER, JOE  
6101 PELICAN BAY # 802  
NAPLES FL 34108** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HORNSTEIN, STEVE  
6101 PELICAN BAY, #1101  
NAPLES, FL 34108** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S.** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GUTERMUTH, PHIL  
5 MOUNTAIN RUN  
BOONTON, NJ 07005** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP.** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
GROSS, WALTER  
6101 PELICAN BAY #601  
NAPLES, FL 34108** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D.  
MAZAREAS, JIM  
6101 PELICAN BAY # 1405  
NAPLES FL 34108** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
MCHUGH, JOHN  
9 MOUNTAINCREST DR  
CHESHIRE, CT 06410** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P.** ☒ Change ☐ Addition

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: *John M. McHugh* **President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(239)**  
**597-8004**  
Date: **5/19/07** Daytime Phone #