

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20925 (6)

1. Corporation Name
ST. THOMAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O NEWELL PROPERTY MGMT
4100 CORPORATE SQ #100
NAPLES FL 33942
US

3. Date incorporated or Qualified 06/02/1987
3a. Date of Last Report 04/26/1996

2. Principal Place of Business 21 4148A Corporate Sq
Suite, Apt. #, etc. 26 4148A Corporate Sq

4. FEI Number 65-0038845
Applied For Not Applicable

22 City & State Naples FL
27 City & State Naples FL
24 Zip 34104 25 County USA
28 Zip 34104 30 County USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WILLIAM NEWELL
4100 CORPORATE SQUARE #406
NAPLES FL 33942

10. Name and Address of New Registered Agent
81 Name Newell, William
82 Street Address P.O. Box Number is Not Acceptable 4148A Corporate Square
83
84 Naples FL 85 Zip 34104

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE [Signature] WILLIAM NEWELL, MANAGER DATE 3/20/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMPSON, JACK	
STREET ADDRESS	6151 PELICAN BAY BLVD. #29	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PFEIFER, DONALD,	
STREET ADDRESS	6131 PELICAN BAY BLVD. #5	
CITY-ST-ZIP	NAPLES FL 33983	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	THATCHER, GENTRY	
STREET ADDRESS	6141 PELICAN BAY BLVD 22	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)