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NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N40366

1. Corporation Name

St. Kitts Condominium Association, Inc.

Principal Place of Business	Mailing Address
6585 Nicholas Blvd. Naples, FL 33963	6585 Nicholas Blvd. Naples, FL 33963

3. Date Incorporated or Qualified: 10/12/90
3a. Date of Last Report: 4/27/95

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number — ☐ Applied For ☐ Not Applicable

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

James Shannon
Shannon Enterprises
2500 Tamiami Trail N. #205
Naples, FL 33940

10. Name and Address of New Registered Agent

81 Name: Beverly Adamczewski
82 Street Address (P.O. Box Number is Not Acceptable): 6585 Nicholas Blvd.
83
84 City: Naples FL 85 Zip Code: 33963

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: Beverly Adamczewski — Beverly Adamczewski, Mgr. 4/1/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D William Turner 6585 Nicholas Blvd. #901 Naples, FL 33963 ☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Janine Warsaw 6585 Nicholas Blvd. #704 Naples, FL 33963 ☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Robert Breneman 6585 Nicholas Blvd. #405 Naples, FL 33963 ☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Wayne Kent 6585 Nicholas Blvd. #1502 Naples, FL 33963 ☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Patricia Bifulco 6585 Nicholas Blvd. #1602 Naples, FL 33963 ☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: William Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 941 592-7172
Date Daytime Phone #

William Turner

SC-4-10-96