

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 06 1998 8:00am
Secretary of State

DOCUMENT # N40366

(9)

1. Corporation Name

ST. KITTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6585 NICHOLAS BLVD.
NAPLES FL 34108-7210
US

6585 NICHOLAS BLVD.
NAPLES FL 33963

3. Date Incorporated or Qualified

10/12/1990

4. FEI Number

65-0222727

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 34108 30

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

ADAMCZEWSKI, BEVERLY
6585 NICHOLAS BLVD.
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name

DAVID L. ALLEN

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

34108

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7-20-98

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TURNER, WILLIAM
STREET ADDRESS 6585 NICHOLAS BLVD. #801
CITY-ST-ZIP NAPLES FL

☒ DELETE

TITLE VD
NAME SLOAN, MICHAEL
STREET ADDRESS 6585 NICHOLAS BLVD. #1905
CITY-ST-ZIP NAPLES FL

☐ DELETE

TITLE VD
NAME BRENNEMAN, ROBERT
STREET ADDRESS 1685 NICHOLAS BLVD. #405
CITY-ST-ZIP NAPLES FL

☐ DELETE

TITLE SD
NAME GIDDENS, CHARLES
STREET ADDRESS 6585 NICHOLAS BLVD PG-4
CITY-ST-ZIP NAPLES FL

☒ DELETE

TITLE TD
NAME BIFULCO, PATRICIA
STREET ADDRESS 6585 NICHOLAS BLVD #1602
CITY-ST-ZIP NAPLES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME K. WAYNE KENT
1.3 STREET ADDRESS 6585 NICHOLAS BLVD. #1502
1.4 CITY-ST-ZIP

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE SD
4.2 NAME CHRISTOPHER PEABODY
4.3 STREET ADDRESS 6585 NICHOLAS BLVD. #805
4.4 CITY-ST-ZIP

☒ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/6/98 941-592-7172

CR2E037 (5/98)