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04-21-1999 90069 050 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N40366**

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

* 374125 - 90069 - 50 *

Principal Place of Business	Mailing Address
6585 NICHOLAS BLVD. NAPLES FL 34108 US	6585 NICHOLAS BLVD. NAPLES FL 33963

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/12/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0222727 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 34108 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ALLEN, DAVID L
6585 NICHOLAS BLVD.
NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name CHRIS STINAUER
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 CHRIS STINAUER MANAGER FOR BOARD Chris Stinauer 4.15.99
Signature, typed or printed name of registered agent and title if applicable — Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	~~PD~~ KENT, K. WAYNE 6585 NICHOLAS BLVD. #1502 NAPLES FL	☐ DELETE	1.1 TITLE SD 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SLOAN, MICHAEL 6585 NICHOLAS BLVD, #1905 NAPLES FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRENEMAN, ROBERT 1685 NICHOLAS BLVD.#405 NAPLES FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	~~SD~~ PEABODY, CHRISTOPHER 6585 NICHOLAS BLVD., #805 NAPLES FL	☐ DELETE	4.1 TITLE PD 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIFULCO, PATRICIA 6585 NICHOLAS BLVD #1602 NAPLES FL	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 12 APR 99 592-7271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037-(11/98)