2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **N40366** Apr 18, 2000 8:00 am Secretary of State ST. KITTS CONDOMINIUM ASSOCIATION, INC. 04-18-2000 90065 007 ****61.25 Mailing Address Principal Place of Business 6585 NICHOLAS BLVD. 6585 NICHOLAS BLVD. NAPLES FL 34108-7210 NAPLES FL 34108 AUUAUZHA 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0222727 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STINAUER Street Address (P.O. Box Number is Not Acceptable) STINAMER, CHRIS 6585 NICHOLAS BLVD. NAPLES FL 34108 Zip Code City FL 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 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Department of State -Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. M Delete TITLE Addition TITLE BARBARA E. JOHNSON KENT, K. WAYNE -NAME NAME 4585 NICHOLAS BLUD #1003 STREET ADDRESS STREET ADDRESS 6585 NICHOLAS BLVD. #1502 NAPLES FL 34108 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Change Addition ☐ Delete TITLE TITLE SLOAN-MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 6585 NICHOLAS BLVD. #1905 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Addition Delete TITLE TITLE SAM KREIGER BRENEMAN, ROBERT NAME NAME 6585 MICHOLAS BLVD. #1605 1685 NICHOLAS BLVD.#405 STREET ADDRESS STREET ADDRESS NAPLES, FL 34108 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Change Addition PD Delete TITLE TITLE THOMAS GLEASON PEABODY, CHRISTOPHER NAME NAME -6585 NICHOLAS BUD. # 901 STREET ADDRESS STREET ADDRESS 6585 NICHOLAS BLVD., #805 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Addition TD Delete TITLE TITLE BIFULCO, PATRICIA NAME NAME STREET ADDRESS STREET ADDRESS 6585 NICHOLAS BLVD #1602 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SPECER OR DIRECTOR

4/11/00

.592-7/12 Daytime Phone #