2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40366

1. Entity Name

ST. KITTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6585 NICHOLAS BLVD. NAPLES FL 34108 ** FINANCIAL MANAGEMENT SERVICES-5020 TAMMAMI TRAIL NORTH #415

NAPLES-FL-34103

2. Principal Place of Business 3. Ma			3. Mailing Address 4585 NIC	Mailing Address 585 NICHULLS BLVD] I LEBRICH DI DRUIT DECENDANT DILLE DILLE DILLE DILLE DRUIT DRUIT DRUIT BUDIT FIDIT FIDIT FIDIT FIDIT FIDIT F				
			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State	ity & State FL		4. FEI Number Applied For Not Applicable					
Zip		Country	34108	Country U.S.A.		5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current	Registered Agent	1	7. Name and Address of New Registered Agent						
				Name							
				Ctrant	Chart Address / D.O. Day Niverbas in Not Associated						
STINAUEF				Street Address (P.O. Box Number is Not Acceptable)							
	HOLAS BLV	D.				•					
Naples F	L 34108										
				City				FL	Zip Code	,	
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o. The above	manned enui	y submits this statement for	the purpose of changing it	is registered diffice t	or registered a	agent, or boar, ii	r the state of riorida.			1	
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SIGNATURE										1	
SIGNATORIE	Signature, typed	or printed name of registered agent a	and title if applicable. (NO	TE: Registered Agent sign:	ature required wher	n reinstating)		DATE			
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12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS City-St-Zip

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02

941-597-2474

Daytime Phone #

FILED

04-23-2002 90406 005 ****61.25

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Apr 23, 2002 8:00 am Secretary of State

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