

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

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

DOCUMENT # N40366

1. Entity Name

ST. KITTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

6585 NICHOLAS BLVD.
 NAPLES FL 34108
 US

Mailing Address

~~FINANCIAL MANAGEMENT SERVICES~~
~~6000 TAMMAM TRAIL NORTH #110~~
~~NAPLES FL 34103~~

2. Principal Place of Business

3. Mailing Address

6585 NICHOLAS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NAPLES

FL

4. FEI Number

65-0222727

Applied For

Not Applicable

Zip

Country

Zip

Country

34108

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STINAUER, CHRIS
6585 NICHOLAS BLVD.
NAPLES FL 34108

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **JOHNSON, BARBARA E**
 STREET ADDRESS **6585 NICHOLAS BLVD. SUITE 103**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Change ☐ Addition
 NAME **Barbara E. Johnson**
 STREET ADDRESS **6585 Nicholas Blvd # 1003**
 CITY-ST-ZIP **Naples, FL 34108**

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

TITLE ☐ Change ☐ Addition
 NAME **Michael Sloan**
 STREET ADDRESS **6585 NICHOLAS BLVD #1905 SAME**
 CITY-ST-ZIP **Naples FL 34108 NO CHANGE**

TITLE **VD** ☒ Delete
 NAME **KREIGER, SAM**
 STREET ADDRESS **6585 NICHOLAS BLVD. SUITE 1605**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **VD** ☐ Change ☒ Addition
 NAME **STANLEY G. KREMPP**
 STREET ADDRESS **6585 NICHOLAS BLVD. #2001**
 CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **SD** ☒ Delete
 NAME **GLEASON, THOMAS**
 STREET ADDRESS **6585 NICHOLAS BLVD. SUITE 901**
 CITY-ST-ZIP **NAPLES FL 34188**

TITLE **SD** ☐ Change ☒ Addition
 NAME **TENNIFER RAINEY**
 STREET ADDRESS **6585 NICHOLAS BLVD #204**
 CITY-ST-ZIP **NAMES, FL 34108**

TITLE **TD** ☐ Delete
 NAME **UPSON, W TERRELL**
 STREET ADDRESS **6585 NICHOLAS BLVD #1401**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02

Date

941-597-2474

Daytime Phone #

CR2E037 (9/01)