2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# N40366

Entity Name: ST. KITTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6585 NICHOLAS BLVD.
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

6585 NICHOLAS BLVD.
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 65-0222727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STINAUER, CHRIS
6585 NICHOLAS BLVD.
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

LESNOSKI JR, LEONARD
6585 NICHOLAS BLVD.
NAPLES, FL 34108 US

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: LEONARD LESNOSKI JR 04/28/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JOHNSON, BARBARA E
Address: 6585 NICHOLAS BLVD.; STE.#1003
City-St-Zip: NAPLES, FL 34108

Title: T ( ) Delete
Name: CRONE, ANDREW
Address: 6585 NICHOLAS BLVD, #1905
City-St-Zip: NAPLES, FL 34108

Title: VD ( ) Delete
Name: KREMPP, STANLEY G
Address: 6585 NICHOLAS BLVD. #2001
City-St-Zip: NAPLES, FL 34108

Title: SD ( ) Delete
Name: RAINEY, JENNIFER
Address: 6585 NICHOLAS BLVD. #204
City-St-Zip: NAPLES, FL 34188

Title: VD ( ) Delete
Name: UPSON, W TERRELL
Address: 6585 NICHOLAS BLVD #1401
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: CROWE, ANDREW
Address: 6585 NICHOLAS BLVD, #402
City-St-Zip: NAPLES, FL 34108

Title: SD (X) Change ( ) Addition
Name: KRUCHTEN, CLAIRE
Address: 6585 NICHOLAS BLVD. #901
City-St-Zip: NAPLES, FL 34108

Title: VD (X) Change ( ) Addition
Name: RAINEY, JENNIFER
Address: 6585 NICHOLAS BLVD. #204
City-St-Zip: NAPLES, FL 34188

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA JOHNSON PD 04/28/2004
Electronic Signature of Signing Officer or Director Date