2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2005 8:00 am Secretary of State

DOCUMENT # N40366 1. Entity Name ST. KITTS CONDOMINIUM ASSOCIATION, INC.				04-14-2005 9	0101 039 ****61	.25
6585 NICHOLAS BLVD. 658		Mailing Address 6585 NICHOLAS BLVD NAPLES, FL 34108	us			
2. Principal Place of Business 3. Ma		3. Mailing Address	-			
Suite, Apt. #, etc. S		Suite, Apt. #, etc.		03022005 Chg-NP	CR2E037 (10/03)	
City & State		City & State		4. FEI Number 65-0222727	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Addi	itional
	6. Name and Address of Current	Registered Agent		7Name and Address of New Re	gistered Agent	
	I JR, LEONARD IOLAS BLVD. FL 34108		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
	,		City		FL Zip Code	,
	named entity submits this statement to icons of registered agent. Signature, typed or printed name of registered agent Filling Fee Is \$61.25 Due by May 1, 2005	and title if applicable. (NO	TE: Registered Agent signature requirements of the registered Agent sign	\$5.00 May Be Ma	DATE DATE Ake check payable to da Department of St	
10.	OFFICERS AND DI		11.	ADDITIONS/CHANGES TO OFFICER	N we	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, BARBARA E 6585 NICHOLAS BLVD.; STE.#1 NAPLES, FL 34108	Delete	TITLE TY NAME STREET ADDRESS US		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CROWE, ANDREW 6585 NICHOLAS BLVD, #402 NAPLES, FL 34108	Delate	NAME NAME STREET ADDRESS		□ Change # 1905	Addition
TITLE NAME	SD KRUCHTEN, CLAIRE 6585 NICHOLAS BLVD. #901 NAPLES, FL 34108	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAINEY, JENNIFER 6585 NICHOLAS BLVD. #204 NAPLES, FL 34188	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD UPSON, W TERRELL 6585 NICHOLAS BLVD #1401 NAPLES, FL 34110	Delete	TITLE VENT NAME TO ON STREET ADDRESS US CITY-ST-ZIP	nald Temple 1865 Nicholas Blud Laples, FL 34108	□ Change . 井 叶이	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
indicated of the cor	on this report or supplemental report i	s true and accurate and that owered to execute this repo	my signature shall have that as required by Chapter (Section 119.07(3)(i), Florida Statutes. I he same legal effect as if made under o 617, Florida Statutes; and that my name	ath; that I am an officer	or director