FILED Apr 25, 2007 8:00 am Secretary of State

2007	NOT-FOR-PROFIT CORPORATION
	ANNUAL REPORT

DOCUMENT # N40366 1. Entity Name ST. KITTS CONDOMINIUM ASSOCIATION, INC.						04-25-200	07 90202 035 **	**61.25
Principal Place of Business 6585 NICHOLAS BLVD. NAPLES, FL 34108 US		Mailing Address 6585 NICHOLAS BLVD. NAPLES, FL 34108 US						
2. Principal Place of Bu	usiness - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03212007 _C	hg-NP	CR2E037 (12/06)	
City & State		City & State			4. FEI Number			
Zip	Country	Zip	Country		5. Certificate of S		\$8.75 Ac	ditional
6. Na	me and Address of Current R	egistered Agent			7. Name and Add	iress of New R	<u> </u>	• •
STAUPE, DANIEL			Name	ddraen (I	B.O. Boy Number in	Not Associable	<u> </u>	
6585 NICHOLAS NAPLES, FL 341		Street		Address (P.O. Box Number is Not Acceptable)				
			City				FL Zip Coo	de
8 The above paged a	ntity submits this statement for	the ourses of changing its re		register	ed agent or both in	the State of Flo		and accent
•	Fee is \$61.25 y May 1, 2007 OFFICERS AND DIRI	9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees	Flor	lake check payable ida Department of S	State
NAME PEABO STREET ADDRESS 6585 N	DDY, CHRISTOHER IICHOLAS BLVD, #805 IS, FL 34108	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		wis, Jo 5 Michol 85 Files			Addition
STREET ADDRESS 6589 N	I, MICHAEL IICHOLAD BLVD, # 1905 S, FL 34108	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · ·			☐ Change	Addition
STREET ADDRESS 658+5	N, ERIC NICHOLAS BLVD., #1702 S, FL 34108	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
STREET ADDRESS 6585 N	Y, JENNIFER IICHOLAS BLVD. #204 SS, FL 34188	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D			√ Change	☐ Addition
STREET ADDRESS 6585 N	LE, DONALD JICHOLAS BLVD, #1401 ES, FL 34108	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
indicated on this re of the corporation	t the information supplied with eport or supplemental report is or the receiver or trustee emot attachment with an address, w	true and accurate and that my wered to execute this report a	u eignatura ehall h	vava the	same lengi ettent as	if made under	oath: that I am an office	er or director
SIGNATURE	SIGNATURE AND TYPED OR PE	RINTED NAME OF SIGNING OFFICER O	R DIRECTOR		4/20/20	Dete	z 39 59 Daytime Phone #	0360