

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 28, 2009**  
**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:**STAUPE, DANIEL  
6585 NICHOLAS BLVD.  
NAPLES, FL 34108 US**Name and Address of New Registered Agent:**COMPASS GROUP  
3701 NORTH TAMiami TRAIL  
NAPLES, FL 34103 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: COMPASS GROUP

09/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PEABODY, CHRISTOPHER  
Address: 6585 NICHOLAS BLVD. #805  
City-St-Zip: NAPLES, FL 34108

Title: TD ( ) Delete  
Name: EGGERT, JOHN  
Address: 6585 NICHOLAS BLVD. #602  
City-St-Zip: NAPLES, FL 34108

Title: SD ( ) Delete  
Name: BROWN, ERIC  
Address: 6585 NICHOLAS BLVD., #1702  
City-St-Zip: NAPLES, FL 34108

Title: PD ( ) Delete  
Name: LEWIS, JOSEPH  
Address: 6585 NICHOLAS BLVD #1701  
City-St-Zip: NAPLES, FL 34108

Title: VPD ( ) Delete  
Name: BOZZACCO, RAYMOND  
Address: 6585 NICHOLAS BLVD #1103  
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: COMPASS GROUP

MGR

09/28/2009

Electronic Signature of Signing Officer or Director

Date