

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43396

FILED
Apr 05, 2010
Secretary of State

Entity Name: ST. VINCENTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O NEWELL PROPERTY MGMT
5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Principal Place of Business:

C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 US

Current Mailing Address:

C/O NEWELL PROPERTY MGMT
5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Mailing Address:

C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 US

FEI Number: 65-0262033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, WILLIAM
5435 JAEGER RD #4
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 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: DENNIS F LIVELY

04/05/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ATHERHOLT, AMY
Address: 6537 MARISSA LOOP #1
City-St-Zip: NAPLES, FL 34108

Title: VP
Name: WHITTLOCK, RONALD
Address: 6549 MARISSA LOOP #21
City-St-Zip: NAPLES, FL 34108

Title: S/T
Name: VITELLI, RAY
Address: 6537 MARISSA LOOP #5
City-St-Zip: NAPLES, FL 34108

I hereby 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 all other like empowered.

SIGNATURE: DENNIS F LIVELY

MGR

04/05/2010

Electronic Signature of Signing Officer or Director

Date