

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000004018 1. Entity Name ST. KITTS AT SILVER SHELLS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business C/O RESORT DEVELOPMENT 15000 EMERALD COAST PARKWAY DESTIN, FL 32541	Mailing Address C/O RESORT DEVELOPMENT 15000 EMERALD COAST PARKWAY DESTIN, FL 32541
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3572835	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. 4501 TAMiami TRAIL NORTH, STE 300 NAPLES, FL 34103
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000066736 02/26/04-80028-008 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BECNEL, THOMAS R 15000 EMERALD COAST PARKWAY DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD BECNEL, CARLA 15000 EMERALD COAST PARKWAY DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS OLSEN, RODNEY 15000 EMERALD COAST PARKWAY DESTIN, FL 32541
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____	Daytime Phone # _____
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