2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N98000004018

Entity Name: ST. KITTS AT SILVER SHELLS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESORT DEVELOPMENT
15000 EMERALD COAST PARKWAY
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

C/O RESORT DEVELOPMENT
15000 EMERALD COAST PARKWAY
DESTIN, FL 32541 US

New Mailing Address:

FEI Number: 59-3572835 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALVATORI & WOOD, P.L.
4001 TAMIAMI TRAIL NORTH
SUITE 330
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

SALVATORI, WOOD, BUCKEL & WEIDENMILLER
9132 STRADA PLACE
FOURTH FLOOR
NAPLES, FL 34108 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: LEO SALVATORI 04/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BECNEL, THOMAS R
Address: 15000 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541 US

Title: VPD ( ) Delete
Name: BECNEL, CARLA
Address: 15000 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541 US

Title: TS ( ) Delete
Name: BECNEL, SARA
Address: 15000 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541 US

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:

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: TOM BECNEL PD 04/30/2009
Electronic Signature of Signing Officer or Director Date