

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20925

**Entity Name:** ST. THOMAS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 03, 2015**  
**Secretary of State**  
**CC6311667155**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 65-0038845**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WILLIAM NEWELL  
5435 JAEGER ROAD #4  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            STD  
Name            THATCHER, GENTRY  
Address        6141 PELICAN BAY BLVD 22  
City-State-Zip: NAPLES FL 34108

Title            PRESIDENT  
Name            STEINMETZ, WILLIAM  
Address        6151 PELICAN BAY BLVD #32  
City-State-Zip: NAPLES FL 34108

Title            VP  
Name            RUFFOLO, LISA  
Address        6131 PELICAN BAY BLVD #6  
City-State-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: WILLIAM STEINMETZ**

**PRESIDENT**

**02/03/2015**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date