

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

**'95 APR 17 PM 4:02**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 755984 (2)**  
 1. Corporation Name  
**KIMA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>14300 GULF BLVD. MADEIRA BEACH FL 33708 US</b>	Mailing Address <b>P.O. BOX 8781 MADEIRA BEACH FL 33738-8781</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/20/1981</b>	3a. Date of Last Report <b>04/14/1994</b>
4. FEI Number <b>59-2308369</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
24. Zip	25. Country
29. Zip	30. Country

**9. Name and Address of Current Registered Agent**

**LUNSFORD, CHARLES D., JR.  
15313 HARBOR DRIVE  
MADEIRA BEACH FL 33708**

**10. Name and Address of New Registered Agent**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>
NAME	<b>LUNSFORD, CHARLES D., JR</b>
STREET ADDRESS	<b>3074 TERRAMAR DR</b>
CITY- ST- ZIP	<b>CHAMBLEE GA</b>
TITLE	<b>VD</b>
NAME	<b>SHEFFIELD, PAT</b>
STREET ADDRESS	<b>10906 KEWANEE DRIVE</b>
CITY- ST- ZIP	<b>TEMPLE TERRACE FL</b>
TITLE	<b>D</b>
NAME	<b>SCHILDKECHT, SCOOTER</b>
STREET ADDRESS	<b>4821 COMMON VIEW CIRCLE</b>
CITY- ST- ZIP	<b>INDIANAPOLIS IN</b>
TITLE	<b>D</b>
NAME	<b>WHITE, BERNIE</b>
STREET ADDRESS	<b>7 JUDITH DRIVE</b>
CITY- ST- ZIP	<b>DANBURY CN</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SCHILDKECHT, SCOOTER</b>
3.3 STREET ADDRESS	<b>7515 SUMMERSET BLVD TC</b>
3.4 CITY- ST- ZIP	<b>INDIANAPOLIS, IN</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Charles D. Lunsford, Jr. **4/1/95** **404-491-3690**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #