

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 10 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**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>
--	--

3. Date Incorporated or Qualified <b>01/20/1981</b>	
4. FEI Number <b>59-2308369</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
---	--

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LUNSFORD, CHARLES D., JR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3074 TERRAMAR DR	1.2 NAME	
STREET ADDRESS	CHAMBLEE GA	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD SHEFFIELD, PAT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10908 KEWANEE DRIVE	2.2 NAME	
STREET ADDRESS	TEMPLE TERRACE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D SCHILDKNECHT, SCOOTER	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7515 SOMERSET BAY C	3.2 NAME	
STREET ADDRESS	INDIANAPOLIS IN	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D WHITE, BERNIE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7 JUDITH DRIVE	4.2 NAME	
STREET ADDRESS	DANBURY CN	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4.1 TITLE	D GATT, Michael	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	25134 HAZELNUT CT	
4.3 STREET ADDRESS	GROSSE ILE, MI 48138	
4.4 CITY-ST-ZIP		
5.1 TITLE	D MARSZALIK, FRANK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	5637 SO KOLIN AVE	
5.3 STREET ADDRESS	CHICAGO, IL 60629	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 W. Lunsford, Jr. 3/5/98 770-491-3690  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0052284

CR2E037 (10/97)