

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90041 041 \*\*\*\*61.25

**DOCUMENT # 755984**

1. Entity Name

**KIMA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

14300 GULF BLVD.  
 MADEIRA BEACH FL 33708  
 US

Mailing Address

P.O. BOX 8781  
 MADEIRA BEACH FL 33738-8781

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2308369**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	LUNSFORD, CHARLES D., JR	
STREET ADDRESS	<del>5074 TERRAMAR DR</del>	
CITY-ST-ZIP	<del>CHAMBLEE GA</del>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHEFFIELD, PAT	
STREET ADDRESS	10906 KEWANEE DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHILDKNECHT, SCOOTER	
STREET ADDRESS	7515 SOMERSET BAY C	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GATT, MICHAEL	
STREET ADDRESS	<del>25134 HAZELNUT CT</del>	
CITY-ST-ZIP	<del>GROOSE ILE MI 48138</del>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARSZALIK, FRANK	
STREET ADDRESS	<del>5637 S KOLIN AVE</del>	
CITY-ST-ZIP	<del>CHICAGO IL 60629</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNSFORD, CHARLES D. JR	
STREET ADDRESS	15313 HARBOR DR	
CITY-ST-ZIP	MADEIRA BEACH, FL 33708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, James M.	
STREET ADDRESS	14300 GULF BLVD #202	
CITY-ST-ZIP	MADEIRA BEACH, FL 33708	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Van wyngaarden, JACK	
STREET ADDRESS	RR#1	
CITY-ST-ZIP	Boboconk, Ontario Canada K0M1K0	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Charles D. Lunsford, Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/00 727-391-3511  
 Date Daytime Phone #

CR2E037 (9/99)