


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90231 027 ****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: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country



01072005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-2308369** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LUNSFORD, CHARLES D., JR	
STREET ADDRESS	15313 HARBOR DR	
CITY-ST-ZIP	MADERIA BEACH, FL 33708	
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 type="checkbox"/> Delete
NAME	MURPHY, JAMES M	
STREET ADDRESS	14300 GULF BLVD #202	
CITY-ST-ZIP	MADERIA BEACH, FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, BERNIE	
STREET ADDRESS	7 JUDITH DR.	
CITY-ST-ZIP	DANBURY, CT 06811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<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		

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* **2-25-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CHARLES D. LUNSFORD