


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90070 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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LUNSFORD, CHARLES D., JR. 15313 HARBOR DRIVE MADEIRA BEACH, FL 33708		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNSFORD, CHARLES D., JR	NAME	
STREET ADDRESS	15313 HARBOR DR	STREET ADDRESS	
CITY-ST-ZIP	MADERIA BEACH, FL 33708	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEFFIELD, PAT	NAME	
STREET ADDRESS	10906 KEWANEE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILDKNECHT, SCOOTER	NAME	
STREET ADDRESS	7515 SOMERSET BAY C	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS, IN	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JAMES M	NAME	
STREET ADDRESS	14300 GULF BLVD #202	STREET ADDRESS	
CITY-ST-ZIP	MADERIA BEACH, FL 33708	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, BERNIE	NAME	
STREET ADDRESS	7 JUDITH DR.	STREET ADDRESS	
CITY-ST-ZIP	DANBURY, CT 06811	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Charles D. Lunsford Jr</i>		CHARLES D. LUNSFORD JR	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	2/21/07 727-391-3511