


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90072 015 ****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		01162008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2308369 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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, 2008		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: <u>Charles Lunsford</u>			Date: <u>1-17-08</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		