2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N05000008302

Entity Name: KING'S PORT TOWNHOMES OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

999 HOLTON STREET
FT. WALTON BEACH, FL 32547

New Principal Place of Business:

996 HONDO AVE
FT. WALTON BEACH, FL 32547

Current Mailing Address:

999 HOLTON STREET
FT. WALTON BEACH, FL 32547

New Mailing Address:

996 HONDO AVE
FT. WALTON BEACH, FL 32547

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PETERMANN, RICHARD P
909 NW MAR WALT DR
FT. WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

PETERMANN, RICHARD P
909 NW MAR WALT DR
SUITE 1014
FT. WALTON BEACH, FL 32547 US

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: RICHARD P. PETERMANN 03/17/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LELIK, SUSAN
Address: 999 HOLTON STREET
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: D (X) Delete
Name: RYAN, KELLEE
Address: 996 HONDO AVENUE
City-St-Zip: FT. WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. (X) Change ( ) Addition
Name: RYAN, KELLEE A MS.
Address: 996 HONDO AVE
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLEE A. RYAN MS. 03/17/2009
Electronic Signature of Signing Officer or Director Date