

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000012957**  
 1. Entity Name  
**KINGS CROSSING PARK OF COMMERCE PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business 8255 NW 58TH STREET MIAMI, FL 33166	Mailing Address 8255 NW 58TH STREET MIAMI, FL 33166
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**8. Name and Address of Current Registered Agent**  
 KELLY, NICHOLAS D  
 8255 NW 58TH STREET  
 MIAMI, FL 33166

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	KELLY, L. PATRICK
STREET ADDRESS	8255 NW 58TH STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	D
NAME	KELLY, NICHOLAS D
STREET ADDRESS	8255 NW 58TH STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	D
NAME	KILLMER, JOHN
STREET ADDRESS	8255 NW 58TH STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000781712  
 01/15/08-80046-002 61.25

**DO NOT WRITE IN THIS SPACE**

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:** *Nicholas D. Kelly* **1/08/08** **305-592-5360**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #