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**Apr 02 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46731 (8)
1. Corporation Name
KINGSTON DUNES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: **4565 COASTAL HWY ST AUGUSTINE FL 32095**
Mailing Address: **% MAY MANAGEMENT SERVICES, INC. P.O. BOX 1509 ST AUGUSTINE FL 32085**

3. Date incorporated or Qualified: **01/06/1992**
4. FEI Number: **59-3074776** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields with sub-sections for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**MAY MANAGEMENT SERVICES, INC.
4320 US HWY A1A S.
SUITE 2
ST AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when rehashing) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EERNISSE, DON	
STREET ADDRESS	125 KINGSTON DR	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	BATTS JIM	
STREET ADDRESS	1802 N 3RD ST	
CITY-ST-ZIP	JACKSONVILLE BCH F	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	CRAWFORD, JOHN	
STREET ADDRESS	141 KINGSTON DR	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TERBRUEGGEN, CONNIE	
STREET ADDRESS	141 KINGSTON DR	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	BOSANKO DAN	
STREET ADDRESS	192 SOMERSET CT	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VP Jim Haines	
1.3 STREET ADDRESS	265 Kingston Dr.	
1.4 CITY-ST-ZIP	St. Augustine, FL 32095	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	President Batts Jim	
2.3 STREET ADDRESS	4576 Coastal Hwy	
2.4 CITY-ST-ZIP	St Augustine FL 32095	
3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Secretary Graham Charlton	
3.3 STREET ADDRESS	161 Kingston Dr.	
3.4 CITY-ST-ZIP	St. Augustine, FL 32095	
4.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Treasurer John Bergquist	
4.3 STREET ADDRESS	228 Kingston Dr.	
4.4 CITY-ST-ZIP	St. Augustine, FL 32095	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jim Batts (NOTE: Signature and typed or printed name of signing officer or director)
Date: _____ Daytime Phone #: 0001504

CR2E037 (10/97)