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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N46731

1. Corporation Name
KINGSTON DUNES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business: 4585 COASTAL HWY ST AUGUSTINE FL 32095
 Mailing Address: % MAY MANAGEMENT SERVICES, INC. P.O. BOX 1509 ST AUGUSTINE FL 32085



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	01/06/1992
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3074776
24 Country	29 Country	Applied For
	30 Country	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MAY MANAGEMENT SERVICES, INC. 4320 US HWY A1A S. SUITE 2 ST AUGUSTINE FL 32084		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAINES, JIM	1.2 NAME	
STREET ADDRESS	265 KINGSTON DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTS, JIM	2.2 NAME	
STREET ADDRESS	4576 COASTAL HWY.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	2.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLTON, GRAHAM	3.2 NAME	Tim Jackson
STREET ADDRESS	161 KINGSTON DR.	3.3 STREET ADDRESS	288 Brighton Circle
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	3.4 CITY-ST-ZIP	St. Augustine, FL 32095
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGQUIST, JOHN	4.2 NAME	Barbara Bosanko
STREET ADDRESS	228 KINGSTON DR.	4.3 STREET ADDRESS	192 Somerset Ct.
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	4.4 CITY-ST-ZIP	St. Augustine, FL 32095
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____ DATE _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)