

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90065 048 \*\*\*\*61.25

**DOCUMENT # N46731**

1. Entity 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 32085-1509**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3074776** Applied For  Not Applied

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent  
 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAINES, JIM</b> <b>265 KINGSTON DR.</b> <b>ST. AUGUSTINE FL 32095</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Diane Kirkwood D</b> <b>100 Kingston Dr.</b> <b>St. Augustine, FL 32095</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BATTS, JIM D</b> <b>4576 COASTAL HWY.</b> <b>ST. AUGUSTINE FL 32095</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>BERGQUIST, JOHN</b> <b>228 KINGSTON DR.</b> <b>ST. AUGUSTINE FL 32095</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Peg Esposito D</b> <b>261 Kingston Dr.</b> <b>St. Augustine, FL 32095</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>JACKSON, TIM D</b> <b>288 BRIGHTON CIRCLE</b> <b>ST AUGUSTINE FL 32095</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BOSANKO, BARBARA</b> <b>192 SOMERSET CT</b> <b>ST AUGUSTINE FL 32095</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Tom Field D</b> <b>380 Brighton Ct</b> <b>St. Augustine, FL 32095</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: ~~SIGNATURE REQUIRED~~** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR