


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90278 041 ****61.25

DOCUMENT # N46731					
1. Entity Name KINGSTON DUNES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 5455 A1A SOUTH ST AUGUSTINE, FL 32080		Mailing Address 5455 A1A SOUTH ST AUGUSTINE, FL 32080			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3074776	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH ST AUGUSTINE, FL 32080			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATTS, JIM		NAME	VAN PELT, GLENDOR	
STREET ADDRESS	4576 COASTAL HWY		STREET ADDRESS	140 KINGSTON DR	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARRIOTT, GAIL A		NAME	PORTER, WILLIAM	
STREET ADDRESS	253 KINGSTON DR.		STREET ADDRESS	261 KINGSTON DR	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIKE, LARRY		NAME	BOONKO, BARBARA	
STREET ADDRESS	104 KINGSTON DR		STREET ADDRESS	192 SOMERSET CT	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENJAMIN, CAROL ANN		NAME	LITTLEFIELD, HORACE	
STREET ADDRESS	280 BRIGHTON CT.		STREET ADDRESS	268 KINGSTON DR	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MULDREW, MARY	
STREET ADDRESS			STREET ADDRESS	108 KINGSTON DR	
CITY-ST-ZIP			CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Horace M. Littlefield</i>		Date: 3-1-05		Daytime Phone #: 904-825-3705	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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