


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90025 044 ****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

40018501



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

01172008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 59-3074776

Applied For
 Not Applicable

5. Certificate of Status Desired \$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 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. I am familiar with, and accept the obligations of registered agent.

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

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

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	VAN PELT, ELANORE	
STREET ADDRESS	140 KINGSTON DR	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PORTER, WILLIAM	
STREET ADDRESS	261 KINGSTON DR	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CORNELIUS, MARCUS	
STREET ADDRESS	176 KINGSTON DR	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LITTLEFIELD, HORACE	
STREET ADDRESS	268 KINGSTON DR	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MULDOWNNEY, MARY	
STREET ADDRESS	108 KINGSTON DR	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES BATTIS	
STREET ADDRESS	1402 N. 3RD ST	
CITY-ST-ZIP	JAX BEACH FL 32250	
TITLE	SEC. TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JILL SCOTT	
STREET ADDRESS	237 KINGSTON DR	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	2ND VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES RAFFINI	
STREET ADDRESS	252 KINGSTON DR	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	1ST VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES MULDOWNEY	
STREET ADDRESS	108 KINGSTON DR	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Jill Scott **1/31/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #