


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

03-31-2005 90045 038 \*\*\*\*61.25  
N00000005655

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT #</b> N98000000879		
1. Entity Name <b>KINGS ISLAND ASSOCIATION, INC.</b> KINGS ISLAND XV CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 13336 SW PEMBROKE CIRCLE NORTH LAKE SUZY, FL 34269		Mailing Address 13336 SW PEMBROKE CIRCLE NORTH LAKE SUZY, FL 34269
2. Principal Place of Business 175 KINGS HIGHWAY	3. Mailing Address 175 KINGS HIGHWAY	
Suite, Apt. #, etc.		City & State PORT CHARLOTTE, FL
City & State PORT CHARLOTTE, FL		4. FEI Number 65-1149452
Zip 33983	Country	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  SHUMAN, SALOMON 13336 SW PEMBROKE CIRCLE N LAKE SUZY, FL 34269		7. Name and Address of New Registered Agent Name <b>Jean F. Greene</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 SULLIVAN ST</b> <b>Ste 112</b> City <b>PUNTA GORDA</b> FL Zip Code <b>33950</b>
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: <u><i>Jean F. Greene</i></u>		DATE: <u>3/17/05</u>
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 NAME STREET ADDRESS CITY-ST-ZIP	P DENTRY, DEBORAH A 3540 FOREST HILL BLVD #203 WEST PALM BEACH, FL 33406 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	VD OSKEY, RONALD B 1777 TAMiami TRAIL #411 PORT CHARLOTTE, FL 33948 <input checked="" type="checkbox"/> Delete	PD JOB. MURPHY 175 KINGS HWY #204 PORT CHARLOTTE, FL 33983 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	STD OKUN, NANCY 13442 SW PEMBROKE CIR. LAKE SUZY, FL 34269 <input checked="" type="checkbox"/> Delete	SPD J CAROL DAVIS 175 KINGS HWY #1511 PORT CHARLOTTE, FL 33983 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TD SHIRLEY ANABEL 524 TABERUA TARB PUNTA GORDA FL 33956 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	<i>BR/16</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>J. Carol Davis</i></u>		DATE: <u>3/17/05</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date

PER PHONE CONVERSATION WITH ROBERTA SHUMAN AND ACCURATE ACCOUNTING, 8-31-05, THE REPORT WAS ORIGINALLY POSTED TO A CORP. WITH A SIMILAR NAME, KINGS ISLAND ASSOCIATION, INC., #N00000005655.