

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 25, 2007
Secretary of State

DOCUMENT# 724942

Entity Name: KING'S COVE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1335 WEST 68TH STREET
BOX 522
HIALEAH, FL 33014**New Principal Place of Business:****Current Mailing Address:**1335 WEST 68TH STREET
BOX 522
HIALEAH, FL 33014 US**New Mailing Address:****FEI Number:** 59-1508668**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**IRMA FARRAT
1335 WEST 68TH STREET
BOX 522
HIALEAH, FL 33014 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: FARRAT, IRMA
Address: 1335 WEST 68TH STREET
City-St-Zip: HIALEAH, FL 33014**Title:** VD () Delete
Name: BASULTO, JACKELINE
Address: 1335 WEST 68TH STREET
City-St-Zip: HIALEAH, FL 33014**Title:** TD () Delete
Name: ESTEVEZ, GONZALO
Address: 1335 WEST 68TH STREET
City-St-Zip: HIALEAH, FL 33014**Title:** D () Delete
Name: CORREA, AURELIO
Address: 1335 WEST 68TH STREET
City-St-Zip: HIALEAH, FL 33014**Title:** D (X) Delete
Name: SANCHEZ, BENITO
Address: 1335 WEST 68TH STREET
City-St-Zip: HIALEAH, FL 33014**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRMA FARRAT

PD

04/25/2007

Electronic Signature of Signing Officer or Director

Date