

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90058 028 \*\*\*\*61.25

<b>DOCUMENT # 725249</b> 1. Entity Name <b>KIRKLAND HOUSE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>101 WORTH AVE PALM BEACH, FL 33480-4422</b>			Mailing Address <b>101 WORTH AVE PALM BEACH, FL 33480-4422</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1517738</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ASHTON, HARRIS J 101 WORTH AVE #3B PALM BEACH, FL 33480</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	VP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRISSEY, JAMES		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	101 WORTH AVE., #2D		STREET ADDRESS	Rev. Dr. Barbara Nielsen	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	101 Worth ave. apt 4A	
TITLE	S		TITLE	Palm Beach FL 33480	
NAME	BUCKLEY, CAROLYN C		NAME	SIT	
STREET ADDRESS	101 WORTH AVE., APT 5D		STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRAUSS, HAROLD L		NAME		
STREET ADDRESS	101 WORTH AVE. APT. 2C		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
TITLE	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANNING, JAMES P		NAME		
STREET ADDRESS	101 WORTH AVE. APT. 40		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
TITLE	P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASTHON, HARRIS J		NAME		
STREET ADDRESS	101 WORTH AVE., APT 3B		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
TITLE	AS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, MARCELLA		NAME		
STREET ADDRESS	281 SUNSET CIR		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33458		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.					
<b>SIGNATURE:</b>			4-2-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JAMES MORRISSEY, VP</b>			Date Daytime Phone #		