


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

02-22-2006 90002 020 ****70.00

DOCUMENT # 725696 1. Entity Name THE 3 KINGS CONDOMINIUM, INC.					
Principal Place of Business 2839 NE 3RD ST OCALA FL 34470 US			Mailing Address 2839 NE 3RD ST ATTN: OFFICE BOX OCALA FL 34470 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1541310	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GROENEWOUD, DONN 1301 NE 14 ST OCALA FL 34470			7. Name and Address of New Registered Agent Name Street Address (P.O.-Box Number is Not Acceptable) City		
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.			DATE		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable</small>			<small>(NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW - FEE IS \$61.25 Due By May 1, 2006		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	DV VICE PRESI. <input type="checkbox"/> Delete ATHERTON, REBECCA 2839 NE 3RD ST., CONDO #210 OCALA FL 34470		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DS EDWIN, ROAMS O 2843 NE 3RD ST APT 109 OCALA FL 34470		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D THOMPSON, BO 2837 NE 3RD ST. #204 OCALA FL 34470		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANNA KASPER 2845 NE, 35TH APT. 115 OCALA-FL 34470 DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D CROSSING, JOSEPHINE 2837 NE 3 ST APT 102 OCALA FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DPT PRESIDENT CHAUNCEY, BRIGITTE C 4055 NE 24TH TERRACE OCALA FL 34470		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DIRECTOR FRANK PICCARELLO 2839 NE, 35TH APT. 108 OCALA-FL 34470		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 <i>Frank Piccarello</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 2-10-06 353-351-PP15 <small>Daytime Phone #</small>		