

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725696

FILED  
Jan 18, 2007  
Secretary of State

**Entity Name:** THE 3 KINGS CONDOMINIUM, INC.

**Current Principal Place of Business:**

2839 NE 3RD ST  
OCALA, FL 34470 US

**New Principal Place of Business:**

**Current Mailing Address:**

2839 NE 3RD ST  
ATTN: OFFICE BOX  
OCALA, FL 34470 US

**New Mailing Address:**

**FEI Number:** 59-1541310      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GROENEWOUD, DONN  
1301 NE 14 ST  
OCALA, FL 34470 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: V ( ) Delete  
Name: ATHERTON, REBECCA  
Address: 2839 NE 3RD ST., CONDO #210  
City-St-Zip: OCALA, FL 34470

Title: DS ( ) Delete  
Name: EDWIN, ROAMS O  
Address: 2843 NE 3RD ST APT 109  
City-St-Zip: OCALA, FL 34470

Title: D ( ) Delete  
Name: THOMPSON, BO  
Address: 2837 NE 3RD ST. #204  
City-St-Zip: OCALA, FL 34470

Title: S ( ) Delete  
Name: CROSSING, JOSEPHINE  
Address: 2837 NE 3 ST APT 102  
City-St-Zip: OCALA, FL

Title: P ( ) Delete  
Name: CHAUNCEY, BRIGITTE C  
Address: 4055 NE 24TH TERRACE  
City-St-Zip: OCALA, FL 34470

Title: D ( ) Delete  
Name: PICIORELLO, FRANK  
Address: 2839 N.E. 3 ST. APT 108  
City-St-Zip: OCALA, FL 34470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: EDWIN, ADAMS O  
Address: 2843 NE 3RD ST APT 109  
City-St-Zip: OCALA, FL 34470

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 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: BRIGITTE CHAUNCEY

PRES

01/18/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date