


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

**FILED**

**Jan 27, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # 732209</b>			
1. Entity Name <b>KINGS POINT CONDOMINIUM OWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>1902 CLUBHOUSE DR. SUITE B SUN CITY CENTER FL 33573</b>		Mailing Address <b>1902 CLUBHOUSE DR. SUITE B SUN CITY CENTER FL 33573</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE      CR2E037 (10/05)

4. FEI Number <b>59-1749186</b>	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>BECKER &amp; POLIAKOFF P.A. 2401 WEST BAY DRIVE SUITE 414 LARGO FL 33770</b>	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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 Mildred M. Aumack (NOTE: Registered Agent signature required when translating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD AUMACK, MILDRED 1824A FOXHUNT DR. SUN CITY CENTER FL 33573	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add 000000404620 02/07/06-80007-008 70.00
NAME	Delete <input type="checkbox"/>	NAME	Change <input type="checkbox"/> Add <input type="checkbox"/>
STREET ADDRESS	Delete <input type="checkbox"/>	STREET ADDRESS	Change <input type="checkbox"/> Add <input type="checkbox"/>
CITY-ST-ZIP	Delete <input type="checkbox"/>	CITY-ST-ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>
TITLE	TD HASSELL, CHARLES 403B FARADAY TRAIL SUN CITY CENTER FL 33573	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME	Delete <input type="checkbox"/>	NAME	Change <input type="checkbox"/> Add <input type="checkbox"/>
STREET ADDRESS	Delete <input type="checkbox"/>	STREET ADDRESS	Change <input type="checkbox"/> Add <input type="checkbox"/>
CITY-ST-ZIP	Delete <input type="checkbox"/>	CITY-ST-ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>
TITLE	VP DAVIS, FOREST 608 MCALLISTER SUN CITY CENTER FL 33573	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME	Delete <input type="checkbox"/>	NAME	Change <input type="checkbox"/> Add <input type="checkbox"/>
STREET ADDRESS	Delete <input type="checkbox"/>	STREET ADDRESS	Change <input type="checkbox"/> Add <input type="checkbox"/>
CITY-ST-ZIP	Delete <input type="checkbox"/>	CITY-ST-ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME	Delete <input type="checkbox"/>	NAME	Change <input type="checkbox"/> Add <input type="checkbox"/>
STREET ADDRESS	Delete <input type="checkbox"/>	STREET ADDRESS	Change <input type="checkbox"/> Add <input type="checkbox"/>
CITY-ST-ZIP	Delete <input type="checkbox"/>	CITY-ST-ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>

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: Mildred M. Aumack MILDRED AUMACK-PO JAN 25, 06 813-634-115  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR