

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90162 014 ****61.25

DOCUMENT # 732712 1. Entity Name KING'S CROWN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2721 WEST GULF DR. SANIBEL, FL 33957 US			Mailing Address P. O. BOX 100 SANIBEL, FL 33957 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1547841	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MACKESY, STEVE 711 TARPON BAY RD SANIBEL, FL 33957				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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)</small>					
Filing 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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWD, ALBERT		NAME	Malott Thomas	
STREET ADDRESS	3435 MARY L TRAIL		STREET ADDRESS	2721 W. Gulf Dr. # 217	
CITY - ST - ZIP	POWDER SPRINGS, GA		CITY - ST - ZIP	Sanibel, FL 33957	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUTWELL, MARGARET		NAME		
STREET ADDRESS	30 BATES DR		STREET ADDRESS		
CITY - ST - ZIP	CHESHIRE, CT 06410		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGLIARDI, GEORGE		NAME		
STREET ADDRESS	16 VANDERVAER DR		STREET ADDRESS		
CITY - ST - ZIP	TRENTON, NJ 08648		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONG, NICK		NAME	Dong, Nick	
STREET ADDRESS	118 18TH AVE		STREET ADDRESS	11818th Ave	
CITY - ST - ZIP	HAMPTON, IA 50441		CITY - ST - ZIP	Hampton, IA 50441	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERTIN, PAUL		NAME		
STREET ADDRESS	2721 W. GULF DR.		STREET ADDRESS		
CITY - ST - ZIP	SANIBEL, FL 33957		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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.					
SIGNATURE: <i>Thomas Malott</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>4/11/06</i> Daytime Phone #: <i>239 472-5020</i>		

Thomas Malott