**FILE NOW: FILING FEE IS $61.25**

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Apr 27, 1999 8:00 am**
**Secretary of State**
04-27-1999 90038 012 ****80.00

DOCUMENT # 749058 OK

1. Corporation Name
Kitching Cove Estates Homeowners Association, Inc.

| Principal Place of Business | Mailing Address |
|---|---|
| 1016 SE Kitching Cove<br>Port St Lucie FL<br>34952 | 1016 SE KITCHING COVE<br>Port St Lucie FL<br>34952-5902 |

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualifed |
|---|---|---|
| 21 | 26 | 09/25/1979 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-2404423 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Elector Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| KING, Joleen<br>1016 SE KITCHING COVE<br>Port St Lucie FL 34952-5902 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | Pres ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | Jim Dillon | 1.2 NAME | |
| STREET ADDRESS | 1005 SE KITCHING COVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PSL FL 34952 | 1.4 CITY-ST-ZIP | |
| TITLE | VP ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | Bea Boehle | 2.2 NAME | |
| STREET ADDRESS | 1012 SE KITCHING COVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PSL FL 34952 | 2.4 CITY-ST-ZIP | |
| TITLE | Treas ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | Gayle Dillon | 3.2 NAME | |
| STREET ADDRESS | 1005 SE KITCHING COVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORT St Lucie FL 34952 | 3.4 CITY-ST-ZIP | |
| TITLE | SECY ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | Joleen KING | 4.2 NAME | |
| STREET ADDRESS | 1016 SE KITCHING COVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PSL FL 34952 | 4.4 CITY-ST-ZIP | |
| TITLE | Dretr ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | Ed Kulenski | 5.2 NAME | |
| STREET ADDRESS | 1004 SE KITCHING COVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PSL FL 34952 | 5.4 CITY-ST-ZIP | |
| TITLE | Dirctr ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | MAX Westmoreland | 6.2 NAME | |
| STREET ADDRESS | 1001 SE KITCHING COVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PSL FL. 34952 | 6.4 CITY-ST-ZIP | |

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Joleen G King 4/12/99 561 337-1738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #