2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 749058

1. Entity Name
KITCHING COVE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1016 SE KITCHING COVE PORT ST LUCIE, FL 34952 US	1016 KITCHING COVE PORT ST LUCIE, FL 34952

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02112004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2404423
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KING, JOLEEN
1016 KITCHING COVE
PORT ST LUCIE, FL 34952

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DILLON, JIM
STREET ADDRESS	1005 SE KITCHING COVE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	D
NAME	KULENSKI, ED
STREET ADDRESS	1004 SE KITCHING COVE
CITY-ST-ZIP	PSL, FL 34952
TITLE	T
NAME	CORCORAN, WILLIAM
STREET ADDRESS	1012 S.E. KITCHING COVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 349525902
TITLE	S
NAME	KING, JOLEEN
STREET ADDRESS	1016 KITCHING COVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 349525902
TITLE	VP
NAME	LARSON, BOB
STREET ADDRESS	1014 SE KITCHING COVE
CITY-ST-ZIP	PORT ST LUCIE, FL 349525902
TITLE	D
NAME	WESTMORELAND, MAX
STREET ADDRESS	1001 SE KITCHING COVE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952

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03/08/04-80120-025 61.25

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12. 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 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: John G King 3/1/04 772 337-0223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #