

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90160 004 \*\*\*\*70.00

<b>DOCUMENT # 749058</b> 1. Entity Name KITCHING COVE ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1016 SE KITCHING COVE PORT ST LUCIE, FL 34952 US			Mailing Address 1016 KITCHING COVE PORT ST LUCIE, FL 34952		
2. Principal Place of Business 1010 SE Kitching Cove Suite, Apt. #, etc.		3. Mailing Address 1016 SE Kitching Cove Suite, Apt. #, etc.			
City & State Port St Lucie Zip 34952		City & State Port St Lucie Zip 34952		4. FEI Number 59-2404423 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03112005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent  KING, JOLEEN 1016 KITCHING COVE PORT ST LUCIE, FL 34952			7. Name and Address of New Registered Agent Name <u>Lorraine Hickey</u> Street Address (P.O. Box Number is Not Acceptable) <u>1010 SE Kitching Cove</u> City <u>Port St Lucie</u> FL <u>34952</u>		
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 <u>Joleen G King</u> DATE <u>4/13/05</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DILLON, JIM 1005 SE KITCHING COVE PORT ST. LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Tom Hickey 1010 SE Kitching Cove Port St Lucie FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KULENSKI, ED 1004 SE KITCHING COVE PSL, FL 34952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORCORAN, WILLIAM 1012 S.E. KITCHING COVE PORT SAINT LUCIE, FL 349525902	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Heather Stranigan 1002 SE Kitching Cove Port St Lucie FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KING, JOLEEN 1016 KITCHING COVE PORT SAINT LUCIE, FL 349525902	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Lorraine Hickey 1010 SE Kitching Cove Port St Lucie FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LARSON, BOB 1014 SE KITCHING COVE PORT ST LUCIE, FL 349525902	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Lee Elmazian 1009 SE Kitching Cove Port St Lucie FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTMORELAND, MAX 1001 SE KITCHING COVE PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Joleen G King</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/13/05</u> Daytime Phone #: <u>772 337-0223</u>		