2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #749058

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



FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90380 030 ****70.00

			1						
Principal Place of Business 1010 SE KITCHING COVE PORT ST LUCIE, FL 34952 US		Mailing Address 1016 KITCHING COVE PORT ST LUCIE, FL 34952			4 (10 b kg) \$ 560 (1-4	1711 - 1771 - 1771 - 178 1 (1		TOTO BERRY BURN BERD	1181 BT 4881
2. Principal Place of Business		3. Mailing Address 1010 SE KITCHING COVE LN		LN					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03012006	Chg-NP	CR2E	037 (11/05)	
City & State		PORT ST LUCIE, FL		4	59-2404			<u> </u>	plied For t Applicable
Zip	Country	34952	Country ST Lucl	6		of Status Desired	×	\$8.75 Add Fee Required	
·	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered	Agent	
HICKEY, LORRAINE				Name					
1010 SE KITCHING COVE PORT ST LUCIE, FL 34952			Street A	ddress (P.C	D. Box Numbe	r is Not Acceptab	ole)		
			City	······································				Zip Code	
							<u> </u>	<u> </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 LORDAINE HICKEY 4/28/06									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee is \$61.25 9. Election Campaign Filing by May 1, 2006 Trust Fund Contribution				□ \$:	5.00 May Bodded to Fees			ck payable to artment of St	
10.	OFFICERS AND DIS	RECTORS	11.	ADI	DITIONS/CHA	ANGES TO OFFIC	ER\$ AND I	DIRECTORS IN	10
TITLE	P	☐ Delete	TITLE		crue			☐ Change	Addition
NAME	HICKEY, TOM		NAME	Jim	DIMON				
STREET ADDRESS	1010 SE KITCHING COVE		STREET ADDRESS			HAR CARE			
CATY-ST-ZIP `	PORT SAINT LUCIE, FL 34952		CTTY-ST-ZIP	Part	Sy Lucie	FL 34	552		
TITLE	D	☐ Delete	TITLE					Change	☐ Addition
STREET ADDRESS	KULENSKI, ED 1004 SE KITCHING COVE		NAME Street Address						
CITY-ST-ZIP	PSL, FL 34952		CITY-ST-ZIP	1					
TITLE	T	☐ Delete	TITLE		•			☐ Change	Addition
NAME	STANIGAN, HEATHER	L_I Delete	NAME	1				□ civatiĝe	Acciden
STREET ADDRESS	1002 SE KITCHING COVE		STREET ADDRESS						
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP						
TITLE	s	☐ Delete	TITLE					Change	Addition
NAME	HICKEY, LORRAINE		NAME	į					
STREET ADDRESS			STREET ADDRESS	İ					
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP						
TITLE	VP	Detete	TITLE	VP.	Cranen	(0.1) (0.0		☐ Change	Addition
NAME STREET ADDRESS	ELMAZIAN, LEE 1009 SE KITCHING COVE		NAME Street Address	LOSA CI	STOTAL STOTAL	GAN, CRA	16		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP	Pear S	50. K/T L	ucie ki	3495	2_	
									
TITLE	D	☐ Delete	TITLE	1				Change	☐ Addition
TITLE NAME		☐ Delete	TITLE NAME					Change	
Į.	D	☐ Delete						Change	L. Addition ∶
NAME	D WESTMORELAND, MAX	☐ Delete	NAME					☐ Change	∐ Addition

12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Horida 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 per address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OF PRODUTED NAME OF SCHING OFFICER OR DIRECTOR

President 4/28/6 TIZ-335-18