2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90380 030 ****70.00

DOCUMENT # 749058

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

Principal Place of Business	Mailing Address
1010 SE KITCHING COVE PORT ST LUCIE, FL 34952 US	1016 KITCHING COVE PORT ST LUCIE, FL 34952

03012006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1010 SE KITCHING COVE LN Suite, Apt. #, etc.
City & State	City & State: PORT ST LUCIE, FL
Zip / Country	Zip: 34952 / Country: ST LUCIE

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	7. Name and Address of New Registered Agent
HICKEY, LORRAINE 1010 SE KITCHING COVE PORT ST LUCIE, FL 34952	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: LORRAINE 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 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HICKEY, TOM 1010 SE KITCHING COVE PORT SAINT LUCIE, FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JIM DILLON 1005 SE KITCHING COVE PORT ST LUCIE, FL 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KULENSKI, ED 1004 SE KITCHING COVE PSL, FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STANIGAN, HEATHER 1002 SE KITCHING COVE PORT SAINT LUCIE, FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HICKEY, LORRAINE 1010 SE KITCHING COVE PORT SAINT LUCIE, FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ELMAZIAN, LEE 1009 SE KITCHING COVE PORT SAINT LUCIE, FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ~~CRAIG~~ STRANIGAN, CRAIG 1002 SE KITCHING COVE PORT SAINT LUCIE, FL 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WESTMORELAND, MAX 1001 SE KITCHING COVE PORT ST. LUCIE, FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] THOMAS M. HICKEY PRESIDENT 4/28/06 772-335-7806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #