

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749058

FILED
Apr 08, 2008
Secretary of State

Entity Name: KITCHING COVE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1010 SE KITCHING COVE
PORT ST LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

1010 SE KITCHING COVE LN
PORT ST LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 59-2404423 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HICKEY, LORRAINE
1010 SE KITCHING COVE
PORT ST LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HICKEY, TOM
Address: 1010 SE KITCHING COVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: KING, JOLEEN
Address: 1016 SE KITCHING COVE W
City-St-Zip: PSL, FL 34952

Title: T () Delete
Name: STRANIGAN, HEATHER
Address: 1002 SE KITCHING COVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S () Delete
Name: HICKEY, LORRAINE
Address: 1010 SE KITCHING COVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: DILLON, JIM
Address: 1005 SE KITCHING COVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: WESTMORELAND, JOE
Address: 1011 SE KITCHING COVE LN
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HICKEY, THOMAS
Address: 1010 SE KITCHING COVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: STRANIGAN, HEATHER
Address: 1002 SE KITCHING COVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T (X) Change () Addition
Name: HICKEY, LORRAINE
Address: 1010 SE KITCHING COVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS HICKEY

P

04/08/2008

Electronic Signature of Signing Officer or Director

Date