

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749058

FILED
Mar 05, 2010
Secretary of State

Entity Name: KITCHING COVE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1010 SE KITCHING COVE LN
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 LN
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
Name: HICKEY, THOMAS M
Address: 1010 SE KITCHING COVE LN
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D
Name: KING, JOLEEN
Address: 1016 SE KITCHINH COVE LN
City-St-Zip: PSL, FL 34952

Title: S
Name: STRANIGAN, HEATHER
Address: 1002 SE KITCHING COVE LN
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T
Name: HICKEY, LORRAINE
Address: 1010 SE KITCHING COVE LN
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

Title: V
Name: STRANIGAN, CRAIG B
Address: 1002 SE KITCHING COVE LN
City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby 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 all other like empowered.

SIGNATURE: THOMAS M HICKEY

P

03/05/2010

Electronic Signature of Signing Officer or Director

Date