


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 767093</b>	
1. Entity Name KING'S POINTE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business P GODLEY 60 KING ST #5 EUSTIS, FL 33726 US	Mailing Address PO DRAWER 580 EUSTIS, FL 32727 US
---	---

DO NOT WRITE IN THIS SPACE



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  GODLEY, P 60 KING STREET #5 EUSTIS, FL 32726	
--	--

DO NOT WRITE  
IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GODLEY, PATRICIA 34232 PARKVIEW AVENUE EUSTIS, FL 32736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BALL, NANCY 60 KING STREET UNIT 8 EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOBBS, LAURA 60 KING ST UNIT 1 EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCROPOS, TED 60 KING ST # 4 EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000178249  
01/12/05-80020-008 61.25

DO NOT WRITE  
IN THIS SPACE

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: 	Date: 1/12/05	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		