



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90006 012 ****61.25

DOCUMENT # 769234 1. Entity Name KINGSPORT ESTATES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business SOUTHEAST CONDO MANAGEMENT 2855 NORTH UNIVERSITY DRIVE SUITE 310 CORAL SPRINGS, FL 33065 US				Mailing Address SOUTHEAST CONDO MANAGEMENT 2855 NORTH UNIVERSITY DRIVE SUITE 310 CORAL SPRINGS, FL 33065 US	
2. Principal Place of Business 9365 W. SAMPLE ROAD Suite, Apt. #, etc. # 203		3. Mailing Address P.O. BOX 8506 Suite, Apt. #, etc. 			
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL		4. FEI Number 59-2647926	
Zip 33065		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33075		Country U.S.		02012006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent SOUTHEAST CONDO MANAGEMENT 2855 NORTH UNIVERSITY DRIVE SUITE 310 CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name... CONDO MANAGEMENT ALTERNATIVE Street Address (P.O. Box Number is Not Acceptable) 9365 W. SAMPLE ROAD SUITE # 203 City CORAL SPRINGS FL Zip Code 33065	
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 <u><i>Ronald Saathoff</i></u> RONALD SAATHOFF <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 2/4/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD DOMERCHIE, JEANNE 9527 N.W. 2ND PLACE, #2D CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VB P.O. BOX 8506 CORAL SPRINGS, FL 33075
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINS, MICHAEL 9533 N.W. 2ND PLACE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD P.O. BOX 8506 CORAL SPRINGS, FL 33075
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COFFMAN, RITA 9513 NW 2ND PLACE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD P.O. BOX 8506 CORAL SPRINGS, FL 33075
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Michael A. Kins</i></u> (MICHAEL A. KINS) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 2/6/06 954-752-4796 <small>Date Daytime Phone #</small>	