2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State

DOCUMENT # 769234 1. Entity Name KINGSPORT ESTATES CONDOMINIUM ASSOCIATION, INC.					02-25-2008 90069 047 ****61.25					
9365 S SAMPLE RD P.O		Mailing Address P.O. BOX 8506 CORAL SPRINGS, FL 33) (FRIN LAKIR RINA	!!!!! !!!!!! !!!!! !	#1 81811 81811 81811 81		NIEL EN 1911	
Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02162008 _{Cl}	ng-NP	CR2E037 ((12/06)		
City & State		City & State	City & State		4. FEI Number 59-264792	6		 	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of St	atus Desired		3.75 Add Required		
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New	Registered Age	nt		
CONDO MANAGEMENT ALTERNATIVE			Name	Name						
	AMPLE RD STE 203 PRINGS, FL 33065		Street Address (I			P.O. Box Number is Not Acceptable)				
			City			<u></u> .		Zip Code		
8 Th							FL			
	named entity submits this statement for ions of registered agent.	r the purpose of changing its i	registered office or	registere	ed agent, or both, in	the State of F	iorida. I am tam	iliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if emplicable (NOTE	Continued Asset days							
		and the viapprocesse. (14012	: Registered Agent signatu	we required	when reinstating)		DATE			
,	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Ca	paign Financing		\$5.00 May Be Added to Fees		Make check partme			
10.	-	9. Election Cam Trust Fund Ca	paign Financing		\$5.00 May Be	Flo	Make check partmo	ent of St	ate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008	9. Election Cam Trust Fund Ca	paign Financing ontribution.		\$5.00 May Be Added to Fees	Flo	Make check portida Departme	ent of St	ate	
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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:

11 Whall a. Jan

Resident

2/23/08

954-752-4796

Daytime Phone #