

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90010 023 \*\*\*\*61.25

**DOCUMENT # N00000000655**

1. Entity Name  
OLD KINGS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
4 OLD KINGS RD N, SUITE B  
PALM COAST, FL 32137

Mailing Address  
4 OLD KINGS RD N, SUITE B  
PALM COAST, FL 32137



01042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3669215

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHIUMENTO & ASSOCIATES, P.A.  
4 OLD KINGS RD N, SUITE B  
PALM COAST, FL 32137

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CHIUMENTO, MICHAEL D  
STREET ADDRESS 4 OLD KINGS RD N, SUITE B  
CITY-ST-ZIP PALM COAST, FL 32137

TITLE VSTD  
NAME JOHNSTON, GREGORY A  
STREET ADDRESS 3423 N OCEANSHORE BLVD  
CITY-ST-ZIP FLAGLER BEACH, FL 32136

TITLE D  
NAME CHIUMENTO, KRISTI  
STREET ADDRESS 4 OLD KINGS RD N, SUITE B  
CITY-ST-ZIP PALM COAST, FL 32137

TITLE D  
NAME JOHNSTON, MARGARET  
STREET ADDRESS 3423 N OCEANSHORE BLVD  
CITY-ST-ZIP FLAGLER BEACH, FL 32136

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 empowerments.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/08

Date

386-445-8900

Daytime Phone #

Michael D. Chiumento, President