

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000655

FILED
Apr 03, 2009
Secretary of State

Entity Name: OLD KINGS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3669215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIUMENTO & ASSOCIATES, P.A.
4 OLD KINGS RD N, SUITE B
PALM COAST, FL 32137 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: PD () Delete
Name: CHIUMENTO, MICHAEL D
Address: 4 OLD KINGS RD N, SUITE B
City-St-Zip: PALM COAST, FL 32137

Title: VSTD () Delete
Name: JOHNSTON, GREGORY A
Address: 3423 N OCEANSHORE BLVD
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D () Delete
Name: CHIUMENTO, KRISTI
Address: 4 OLD KINGS RD N, SUITE B
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: JOHNSTON, MARGARET
Address: 3423 N OCEANSHORE BLVD
City-St-Zip: FLAGLER BEACH, FL 32136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL D. CHIUMENTO

D

04/03/2009

Electronic Signature of Signing Officer or Director

Date