


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N00000008398</b> 1. Entity Name <b>FIRST KINGS POINT CONDOMINIUM ASSOCIATION, INC.</b>			<b>FILED</b> <b>07 SEP 19 AM 10:43</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business <b>13150-51 KINGS POINT DR          FT MYERS, FL 33919</b>		Mailing Address <del>13150-51 KINGS POINT DR</del> <b>FT MYERS, FL 33919</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 07421</b> Suite, Apt. #, etc.	
City & State City & State <b>FORT MYERS FL.</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>33919</b>		Country <b>LEE</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>BECKER &amp; POLIAKOFF, P.A.</b> <b>%JOSEPH E. ADAMS, ESQ</b> <b>14241 METROPOLIS AVE., STE. 100</b> <b>FORT MYERS, FL 33912</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>D</b> <b>JACK GRAIMAN</b> <input type="checkbox"/> Delete <b>13151 KINGS POINT DR #5A</b> <b>FT MYERS, FL 33919</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800109880308</b> <b>09/25/07--01017--023 **61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>D</b> <b>JAY GOODMAN</b> <input type="checkbox"/> Delete <b>13150 KINGS POINT DR # 4C</b> <b>FT MYERS, FL 33919</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>07/9/21</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>D</b> <b>DEREK STELL</b> <input type="checkbox"/> Delete <b>13150 KINGS POINT DR, #...</b> <b>FORT MYERS, FL 33919</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>D</b> <b>JOHNSON, WARREN</b> <input type="checkbox"/> Delete <b>13151 KINGS POINT DR # A-15</b> <b>FT MYERS, FL 33919</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>D</b> <b>RUTHERFORD, JOANNE</b> <input type="checkbox"/> Delete <b>5785 TRAILWINDS DR #222</b> <b>FORT MYERS, FL 33807</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>D</b> <b>JOY HAMBEL</b> <input type="checkbox"/> Delete <del>13150 KINGS POINT DR #...</del> <b>13150 KINGS POINT DR</b> <b>FORT MYERS, FL 33919</b> <b>3C</b>	<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.			
<b>SIGNATURE: <u>Joanne Rutherford</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>9-10-07</b> <small>Date Daytime Phone #</small>	