


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000008398 1. Entity Name FIRST KINGS POINT CONDOMINIUM ASSOCIATION, INC.																									
Principal Place of Business 13150-51 KINGS POINT DR FT MYERS, FL 33919		Mailing Address 13150-51 KINGS POINT DR FT MYERS, FL 33919																							
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 07421 Suite, Apt. #, etc.																							
City & State City & State FORT MYERS FL.		4. FEI Number NOT APPLICABLE																							
Zip Country 33919 LEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																							
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. %JOSEPH E. ADAMS, ESQ 14241 METROPOLIS AVE., STE. 100 FORT MYERS, FL 33912		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>																							
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>																									
Filing Fee is \$61.25 Due by September 14, 2007		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																							
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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: <u>Joanne Rutherford</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>9-10-07</u> <small>Date Daytime Phone #</small>																							

FILED
07 SEP 19 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08232007 Chg-NP CR2E037 (12/06)