


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000008398 1. Entity Name FIRST KINGS POINT CONDOMINIUM ASSOCIATION, INC.	
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FILED
07 SEP 19 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 13150-51 KINGS POINT DR FT MYERS, FL 33919	Mailing Address 13150-51 KINGS POINT DR FT MYERS, FL 33919
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 07421
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State FORT MYERS FL.
Zip	Zip 33919
Country	Country LEE

08232007 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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 FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete JACK GRAIMAN 13151 KINGS POINT DR #5A FT MYERS, FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800109880308 09/25/07--01017--023 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete JAY GOODMAN 13150 KINGS POINT DR # 4C FT MYERS, FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 8/9/21
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete DEREK STELL 13150 KINGS POINT DR, #... FORT MYERS, FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete JOHNSON, WARREN 13151 KINGS POINT DR # A-15 FT MYERS, FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete RUTHERFORD, JOANNE 5785 TRAILWINDS DR #222 FORT MYERS, FL 33807	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete JOY HAMBEL 13150 KINGS POINT DR # 13150 KINGS POINT DR FORT MYERS, FL 33919 3C	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

SIGNATURE: Joanne Rutherford 9-10-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #