


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90017 020 \*\*\*\*61.25

<b>DOCUMENT # N00000008398</b>					
1. Entity Name FIRST KINGS POINT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 13150-51 KINGS POINT DR FT MYERS, FL 33919			Mailing Address P.O. BOX 07421 FORT MYERS, FL 33919		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>NOT APPLICABLE</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BECKER & POLIAKOFF, P.A. %JOSEPH E. ADAMS, ESQ 14241 METROPOLIS AVE., STE. 100 FORT MYERS, FL 33912			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAIMAN, JACK		NAME		
STREET ADDRESS	13151 KINGS POINT DR #5A		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, JAY		NAME		
STREET ADDRESS	13150 KINGS POINT DR #4C		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STELL, LEROY		NAME	JONES, BRADLEY # C-16	
STREET ADDRESS	13150 KINGS POINT DR, #		STREET ADDRESS	13150 KINGS POINT DR	
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, WARREN		NAME		
STREET ADDRESS	13151 KINGS POINT DR # A-15		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTHERFORD, JOANNE		NAME		
STREET ADDRESS	5785 TRAILWINDS DR #222		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33807		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMBEL, JOY		NAME	KILBOURNE, MARGARET	
STREET ADDRESS	13150 MINES POINT DR #3C		STREET ADDRESS	13150 KINGS POINT DR # C-3	
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP	FORT MYERS, FL 33919	
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>			Date: <u>4/10/08</u>		Daytime Phone #: <u>239-939-6102</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					