


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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 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			
Zip	Country	Zip	Country		
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 <div style="display: flex; justify-content: space-between;"> 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 May 1, 2008		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		
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-JONES, BRADLEY # C-16 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STELL, LEROY		NAME	13150 KINGS POINT DR	
STREET ADDRESS	13150 KINGS POINT DR, #		STREET ADDRESS	FORT MYERS, FL 33919	
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/10/08</u> Daytime Phone # <u>239-939-6102</u>		