


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N00000008398

1. Entity Name
FIRST KINGS POINT CONDOMINIUM ASSOCIATION, INC.



FILED
08 NOV 10 PM 12:02
#7120
DATE
TALLAHASSEE FLORIDA

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
C/O Resort Management
Suite, Apt. #, etc.
2685 Horseshoe Dr. S. #215

10072008 Chg-NP CR2E037 (12/06)

City & State
Naples, FL

4. FEI Number
59-1740229

Applied For
 Not Applicable

Zip Country
34104 Coll. FL

5. Certificate of Status Desired **\$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

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAIMAN, JACK 13151 KINGS POINT DR #5A FT MYERS, FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, JAY 13150 KINGS POINT DR #4C FT MYERS, FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, BRADLEY 13150 KINGS POINT DRIVE, #C-16 FORT MYERS, FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, WARREN 13151 KINGS POINT DR # A-15 FT MYERS, FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTHERFORD, JOANNE 5785 TRAILWINDS DR #222 FORT MYERS, FL 33807 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILBOURNE, MARGARET 13150 KINGS POINT DRIVE, #C-3 FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Graiman, Jack 13151 Kings Point Dr. #A-5 Ft. Myers, FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Goodman, Jay 13150 Kings Point Dr. #C-4 Ft. Myers, FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jones, Bradley 13150 Kings Point Dr. #C-16 Ft. Myers, FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Johnson, Warren 13151 Kings Point Dr. #A-15 Ft. Myers, FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Flaherty, James 13151 Kings Point Dr. #A-7 Ft. Myers, FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

900137794359
11/10/08-01066-004 **\$61.25

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: Jay Goodman Jay Goodman VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #