


# 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. cr**

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