

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90080 023 ****61.25

DOCUMENT # N00431 1. Entity Name DORCHESTER C OF KINGS POINT COMDOMINIUM ASSOCIATION, INC.			
Principal Place of Business STERLING MANAGEMENT 1701-B RICKENBACKER DR SUN CITY CENTER, FL 33573		Mailing Address STERLING MANAGEMENT 1701-B RICKENBACKER DR SUN CITY CENTER, FL 33573	
2. Principal Place of Business - No P.O. Box # 5 Sterling Management 1904 Clubhouse Drive Sun City Center, FL 33573		3. Mailing Address St. #, etc. ate Country	
4. FEI Number 59-2155809		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01182008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent LAW OFF. J. R. DE FURIO, P.A. 201 EAST KENNEDY BLVD, STE 1460 TAMPA, FL 33602		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINSEN, JERRY 401 DORCHESTER PL C-60 SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Claeys, Jack 401 Dorchester Place, C-68 Sun City Center, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCHALSKI, ED 401 DORCHESTER PLACE C-65 SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Buchalski, Ed 401 Dorchester Place, C-65 Sun City Center FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAEYS, JACK 401 DORCHESTER PL. C-68 SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Dearth, Doris 401 Dorchester Place, C-60 Sun City Center FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bosanae, Dorothy 401 Dorchester Place, C-63 Sun City Center FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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>Sherald W Hinssen</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-29-08 Date	
_____ Daytime Phone #		_____ Daytime Phone #	