2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 06, 2005 8:00 am Secretary of State DOCUMENT # N00445 1. Entity Name 05-06-2005 90095 021 ****61.25 CANTON COURT D OF KINGS POINT CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address STERLING MANAGEMENT 1701-B RICKENBACKER DRIVE SUN CITY CENTER FL 33573 STERLING MANAGEMENT 50050028 1701-B RICKENBACKER DRIVE SUN CITY CENTER FL 33573 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) 1st MOORE Applied For City & State City & State 4. FEI Number 59-2155933 Not Applicable Ζip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Law Offices of James R. De Furio, P.A. DE FURIO, JAMES R ESQUIRE 201 East Kennedy Boulevard 101 E. KENNEDY BLVD **Suite 1460** STE 3000 Tampa, Florida 33602 **TAMPA FL 33602** 8. The above named entity sylentilys this statement of 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILÉ NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Change Addition DILE □ Delete PARKINSON, PATRICIA NAME NAME 301 CANTON CT D-84 STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33573 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition CRITTENDON, JUNE NAME NAME 301 CANTON CT #88 STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE ☐ Change TITLE KELLY, VALERIÉ NAME NAME 301 CANTON CT D-81 STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33573 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RICHARD, HUDSON NAME NAME 301 CANTON CT, D94 STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33573 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE ALEXANDER, MARGARET NAME NAME 301-CANTON CT B-79 STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33573 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied ental 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 receive 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

ING OFFICER OR DIRECTOR

FILED