
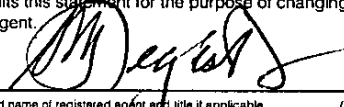
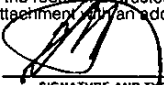


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90474 032 ****61.25

DOCUMENT # N03000001343 1. Entity Name KINGSOUTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business FIRST COAST MGMT CO INC. 3617 CROWN PT RD #8 JACKSONVILLE, FL 32257			Mailing Address FIRST COAST MGMT CO INC. 3617 CROWN PT RD #8 JACKSONVILLE, FL 32257		
2. Principal Place of Business Property Services Inc Suite, Apt. #, etc. 8641 Baypine Rd Suite 1 City & State Jacksonville FL Zip 32256		3. Mailing Address Property Services Inc Suite, Apt. #, etc. 8641 Baypine Rd, Suite 1 City & State Jacksonville FL Zip 32256		04212006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-3756115	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOCKLE, KATHY 3617 CROWN PT RD #8 JACKSONVILLE, FL 32257			7. Name and Address of Now Registered Agent Name Property Services Inc Street Address (P.O. Box Number is Not Acceptable) 8641 Baypine Rd, Suite 1 City Jacksonville FL Zip Code 32256		
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  S.W. Register Jr. 4/21/06 <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, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	D DOSTIE, RICHARD R 9310 OLD KINGS RD #1803 JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Terry Cordell 9310 Old Kings Rd #403 Jacksonville FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINGERFELT, BRUCE A 9301 OLD KINGS RD #1803 JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Howard Montello 9310 Old Kings Rd #1704 Jacksonville FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOSTIE, CHRISTOPHER C 9301 OLD KINGS RD #1803 JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Debra Braddock 9310 Old Kings Rd #1401 Jacksonville FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 to my address, with all other like empowered.					
SIGNATURE:  S.W. Register Jr. 4/26/06 904-731-9500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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