

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90059 001 \*\*\*\*61.25

<b>DOCUMENT # N03000001343</b> 1. Entity Name <b>KINGSOUTH CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>PROPERTY SERVICES INC</b> <b>8641 BAYPINE RD., SUITE 1</b> <b>JACKSONVILLE, FL 32256</b>			Mailing Address <b>PROPERTY SERVICES INC</b> <b>8641 BAYPINE RD., SUITE 1</b> <b>JACKSONVILLE, FL 32256</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3756115</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PROPERTY SERVICES, INC</b> <b>8641 BAYPINE RD</b> <b>SUITE 1</b> <b>JACKSONVILLE, FL 32256</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOSTIE, RICHARD R</b> <b>9310 OLD KINGS RD #1803</b> <b>JACKSONVILLE, FL 32257</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Davis, Richard</b> <b>9310 Old Kings Road S. #901</b> <b>Jacksonville, FL 32257</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LINGERFELT, BRUCE A</b> <b>9301 OLD KINGS RD #1803</b> <b>JACKSONVILLE, FL 32257</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOSTIE, CHRISTOPHER C</b> <b>9301 OLD KINGS RD #1803</b> <b>JACKSONVILLE, FL 32257</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CRODELL, TERRY</b> <b>9310 OLD KINGS RD., #403</b> <b>JACKSONVILLE, FL 32257</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Cordell, Terry</b> <b>9310 Old Kings Road S. #403</b> <b>Jacksonville, FL 32257</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MONTELLO, HOWARD</b> <b>9310 OLD KINGS RD., #1704</b> <b>JACKSONVILLE, FL 32257</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BRADDOCK, DEBRA</b> <b>9310 OLD KINGS RD., #1901</b> <b>JACKSONVILLE, FL 32257</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 with an address, with all other like empowered.					
<b>SIGNATURE: <i>David W. Fallet Sr.</i> DAVID W. FALLET SR. AGENT</b>				<b>3-27-07</b> <b>904-731-9500 EXT 403</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	