

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006060

FILED
Jan 16, 2009
Secretary of State

Entity Name: KINGS MILL COMMERCIAL PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10503 SAGO RD
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

P O BOX 271347
TAMPA, FL 33688

New Mailing Address:

FEI Number: 20-0903149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, THOMAS J P
10503 SAGO RD
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MURPHY, THOMAS J P
Address: 10503 SAGO RD
City-St-Zip: TAMPA, FL 33618

Title: STD () Delete
Name: BRUCK, CHARLES J
Address: 10503 SAGO RD
City-St-Zip: TAMPA, FL 33618

Title: VPD () Delete
Name: ESHENBAUGH, WILLIAM
Address: 2502 N. ROCKY POINT DR., SUITE 675
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J MURPHY

PD

01/16/2009

Electronic Signature of Signing Officer or Director

Date