

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90377 046 ****61.25

DOCUMENT # N05000010586

1. Entity Name
**KINGSTON COURT VILLAS CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**405 E. OAK AVENUE
TAMPA, FL 33602**

Mailing Address
**405 E. OAK AVENUE
TAMPA, FL 33602**

60024379



2. Principal Place of Business

3001 Executive Dr.

Suite, Apt. #, etc.

Suite 260

3. Mailing Address

3001 Executive Dr.

Suite, Apt. #, etc.

Ste 260

03022006

Chg-NP

CR2E037 (11/05)

City & State

Clearwater FL

City & State

Clearwater FL

4. FEI Number

20-3704833

Applied For

Not Applicable

Zip

33762

Country

USA

Zip

33762

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SULLIVAN, ALEXANDER
405 E. OAK AVENUE
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name

Condominium Associates

Street Address (P.O. Box Number is Not Acceptable)

3001 Executive Dr. Suite 260

City

Clearwater

FL

Zip Code

33762

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SULLIVAN, ALEXANDER	
STREET ADDRESS	405 E. OAK AVENUE	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHOENBAUM, ADAM	
STREET ADDRESS	405 E. OAK AVENUE	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SULLIVAN, ASHLEY	
STREET ADDRESS	405 E. OAK AVENUE	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #