


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90069 046 ****61.25

DOCUMENT # N05000010586 1. Entity Name KINGSTON COURT VILLAS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 3001 EXECUTIVE DR STE 260 CLEARWATER, FL 33762	Mailing Address 3001 EXECUTIVE DR STE 260 CLEARWATER, FL 33762
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03162007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-3704833	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR STE 260 CLEARWATER, FL 33762	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SULLIVAN, ALEXANDER 405 E. OAK AVENUE TAMPA, FL 33602 <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	VD SCHOENBAUM, ADAM 405 E. OAK AVENUE TAMPA, FL 33602 <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	STD SULLIVAN, ASHLEY 405 E. OAK AVENUE TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 _____

ATTACHMENT

40099279

#NO50000105-86

SCHICKEDANZ HOMES

Fax: 7273751166

Apr 25 2007 10:08am P002/002

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #N05000010586

ANNUAL REPORT
HARRISON COURT VILLAS CO-OPERATIVE
ASSOCIATION, INC.



Principal Office of Corporation
3007 E. 10TH AVE.
SUITE 200
CLEARWATER, FL 34622

1. Principal Office of Corporation - Also P.O. Box #

2. Mailing Address

Date, Act. A. No.

3. Mailing Address

City & State

City & State

County

County

4. Name and Address of Current Secretary and Treasurer

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SIGNATURE:

[Signature]

4/25/07

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