

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 DEC 28 AM 7:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000010347 1. Entity Name K & K COMMERCIAL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 679 LINNEVILLE FALLS DR WEST MELBOURNE, FL 32904				Mailing Address 679 LINNEVILLE FALLS DR WEST MELBOURNE, FL 32904	
2. Principal Place of Business - No. P.O. Box # 3185 New York Ave		3. Mailing Address 3185 New York Ave			
Suite, Apt. #, etc. # 13		Suite, Apt. #, etc. # 13			
City & State Melbourne, FL		City & State Melbourne, FL		4. FEI Number APPLIED FOR	
Zip 32934		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				12032007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent BEACH, SCOTT N 679 LINNEVILLE FALLS DR WEST MELBOURNE, FL 32904				7. Name and Address of New Registered Agent Name Teresa Beach Street Address (P.O. Box Number is Not Acceptable) 4340 Wood Haven Dr City Melbourne FL Zip Code 32935	
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 <u><i>Teresa Beach</i></u> (NOTE: Registered Agent signature required when reinstating) Teresa Beach DATE 12/10/07					
Amended AR is \$61.25				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	PD BEACH, SCOTT N 679 LINVILLE FALLS DRIVE WEST MELBOURNE, FL 32904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brian Strom President 2526 Watkins Dr Melbourne, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEACH, TERESA K 4340 WOODHAVEN DRIVE MELBOURNE, FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Melissa Strom Treasurer 2526 Watkins DR Melbourne, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD IPPEL, JACK 100 RIALTO PLACE, SUITE 720 MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800113742558 01/04/08--01009--001 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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.					
SIGNATURE: <u><i>Teresa Beach</i></u> Teresa Beach DATE 12/10/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

12/3/07