

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007542

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Entity Name:** KINGS HIGHWAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4235 KINGS HIGHWAY UNIT 101  
PORT CHARLOTTE, FL 33980

**New Principal Place of Business:**

**Current Mailing Address:**

4235 KINGS HIGHWAY UNIT 101  
PORT CHARLOTTE, FL 33980

**New Mailing Address:**

**FEI Number:** 27-0672928

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAHLE, GARY A  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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  
**Name:** GIL, RAMON A M.D.  
**Address:** 197 ROSELLE COURT  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

**Title:** SD  
**Name:** MAAS, CARLOS E M.D.  
**Address:** 1775 CITRON STREET  
**City-St-Zip:** CHARLOTTE HARBOR, FL 33980

**Title:** TD  
**Name:** HERNANDEZ, MANUEL H M.D.  
**Address:** 12740 TERABELLA WAY  
**City-St-Zip:** FORT MYERS, FL 33912

I hereby 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 all other like empowered.

**SIGNATURE:** MANUEL H HERNANDEZ MD

TD

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date