

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2007 8:00 am
Secretary of State

04-19-2007 90213 021 ****61.25

DOCUMENT # N11903 1. Entity Name KINGSMERE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2004 LONGMEADOW SARASOTA FL 34235 US			Mailing Address 2004 LONGMEADOW SARASOTA FL 34235 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2635092	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STOKES, REBECCA 3053 51ST STREET SARASOTA FL 34234				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 _____ Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when resigning)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DILLON, GARRY 4513 KINGSMERE SARASOTA FL 34235	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MAGNO, KERN ARLENE 5519 KINGSMERE SARASOTA FL 34235	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D JENKINS, WILLIAM 5521 KINGSMERE SARASOTA FL 34235	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Director David Kuhn 4530 Kingsmere Sarasota, FL 34235	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ANDREWS, LEIGH 4510 KINGSMERE SARASOTA FL 34235	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Director, Pres/Treas ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S SISCO, KATHRYN 5539 KINGSMERE SARASOTA FL 34235	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Leigh Andrews</u> Leigh Andrews-Pres/Treas 4/1/07 941-355-4880 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					