2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13356

FILED Apr 06, 2006 Secretary of State

Entity Name: KIPPS COLONY L CONDOMINIUM ASSOCIATION INC

RESOURCE PROPERTY MGT 7300 PARK ST SEMINOLE, FL 33777 US Current Mailing Address: New Mailing Address	
7300 PARK ST SEMINOLE, FL 33777 US Current Mailing Address: New Mailing Address	
SEMINOLE, FL 33777 US Current Mailing Address: New Mailing Ad	00/0/ 00
RESOURCE PROPERTY MGT C/O RESOURCE	ldress:
7300 PARK ST 5901 SUN BLVD	E PROPERTY MGMT
SEMINOLE, FL 33777 US ST PETERSBUR	
FEI Number: 59-2648144 FEI Number Applied For () FEI Number Not Applicable	() Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Addr	ess of New Registered Agent:
C/O RESOURCE PTROPERTY MANAGEMENT 5901 SUN BLVD 5901 SUN BLVD SUITE 200	OPERTY MANAGEMENT BURG, FL 33715 US
The above named entity submits this statement for the purpose of changing its reginerate the State of Florida.	istered office or registered agent, or both,
SIGNATURE: VANCE POLAND	04/06/2006
Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS: ADDITIONS/CH	ANGES TO OFFICERS AND DIRECTOR
Address: 2775 KIPPS COLONY DR 3102 Address: 2775	(X) Change()Addition MERVILLE, ART KIPPS COLONY DR #102
City-St-Zip: GULFPORT, FL 33707 City-St-Zip: GULF City-St-Zip: Title: VP-S	FPORT, FL 33707 (X) Change () Addition
Name: BRADEN, JOHN Name: FREE Address: 2785 KIPPS COLONY DRIVE, #203 Address: 2795	EL, JANE KIPPS COLONY DRIVE, #104 FPORT, FL 33707
Title: T () Delete Title: Name: WRIGHT, HUGH Name: Address: 2785 KIPPS COLONY DR, #202 Address: City-St-Zip: GULFPORT, FL 33707 City-St-Zip:	() Change () Addition
Address: Address: 2785	() Change (X) Addition IARTY, MAUREEN KIPPS COLONY DRIVE #103 FPORT, FL 33707
Address: Address: 2795	() Change (X) Addition DMON, SHIRLEY KIPPS COLONY DRIVE #101 FPORT, FL 33707
Address: Address: 2775	() Change (X) Addition LER, ROZ KIPPS COLONY DRIVE #202 PORT, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VANCE POLAND MGR 04/06/2006