

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25730

FILED
Mar 18, 2009
Secretary of State

Entity Name: THE KINZIE ISLAND HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

503 E GULF
SANIBEL, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 308
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 65-0081488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FORT MYERS, FL 33901 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: D () Delete
Name: MIHALY, STEVE D
Address: 612 KINZIE ISLAND CT
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: KING, JEROME
Address: 589 KINSIE ISLAND CT
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: MARDER, BARBARA
Address: 501 E GULF DR
City-St-Zip: SANIBEL, FL 33957

Title: SD () Delete
Name: TZANIS, PAT
Address: 584 KINZIE ISLAND CT
City-St-Zip: SANIBEL, FL 33957

Title: P () Delete
Name: HUNTER, DON
Address: 589 KINZIE ISLAND CT
City-St-Zip: SANIBEL, FL 33957

Title: TD () Delete
Name: EDWARDS, DOUGLAS
Address: 542 KINZIE ISL CT
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SEARS, KENT
Address: 682 KINZIE ISLAND CT.
City-St-Zip: SANIBEL, FL 33957

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HUNTER, DON
Address: 589 KINZIE ISLAND CT
City-St-Zip: SANIBEL, FL 33957

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DON HUNTER

VP

03/18/2009

Electronic Signature of Signing Officer or Director

Date