

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27818

FILED
Mar 21, 2008
Secretary of State

Entity Name: KIPPS COLONY ESTATES HOMEOWNERS ASSOCIATION, INC

Current Principal Place of Business:

6013 KIPPS COLONY DRIVE EAST
GULFPORT, FL 33707 US

New Principal Place of Business:

5901 SUN BLVD
SUITE 200
ST. PETERSBURG, FL 33715 US

Current Mailing Address:

C/O RESOURCE PROPERTY MGMT
5901 SUN BLVD., SUITE 200
SAINT PETERSBURG, FL 33715 US

New Mailing Address:

FEI Number: 59-2648807 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESOURCE PROPERTY MGMT
5901 SUN BLVD
SUITE 200
SAINT PETERSBURG, FL 33715 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: P () Delete
Name: MIKURAK, MICHAEL
Address: 6118 KIPPS COLONY DR
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: VP-T () Delete
Name: CUENCO, JOSEPH
Address: 6007 KIPPS COLONY DR E
City-St-Zip: GULFPORT, FL 33707

Title: S () Delete
Name: GAUSPOHL, BONNIE
Address: 6113 KIPPS COLONY DRIVE
City-St-Zip: GULFPORT, FL 33707

Title: D () Delete
Name: NESBITT, JESSIE
Address: 2810 KIPPS COLONY DR
City-St-Zip: GULFPORT, FL 33707

Title: D () Delete
Name: EYERMAN, JIM
Address: 2804 KIPPS COLONY DRIVE
City-St-Zip: GULFPORT, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAN, LIEDTKE
Address: LOT 6
City-St-Zip: GULFPORT, FL 33707

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

Title: D (X) Change () Addition
Name: MICHAEL, FREDRICKSON
Address: LOT 39
City-St-Zip: GULFPORT, FL 33707

Title: S (X) Change () Addition
Name: NESBITT, JESSIE
Address: 2810 KIPPS COLONY DR
City-St-Zip: GULFPORT, FL 33707

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: LEORA PIDDE

MGR

03/21/2008

Electronic Signature of Signing Officer or Director

_____ Date