

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27818

FILED
Mar 17, 2009
Secretary of State

Entity Name: KIPPS COLONY ESTATES HOMEOWNERS ASSOCIATION, INC

Current Principal Place of Business:

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

New Principal Place of Business:

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: DAN, LIEDTKE
Address: LOT 6
City-St-Zip: GULFPORT, FL 33707

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

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

Title: S () 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: PO BOX 67065
City-St-Zip: ST PETE BEACH, FL 33736

Title: VP-T (X) Change () Addition
Name: MAKRIS, JAMES
Address: 6024 KIPPS COLONY DR E
City-St-Zip: GULFPORT, FL 33707

Title: D (X) Change () Addition
Name: FREDRICKSON, MICHAEL
Address: 6009 KIPPS COLONY DR E
City-St-Zip: GULFPORT, FL 33707

Title: S (X) Change () Addition
Name: SHATZ, JAMES
Address: 2814 KIPPS COLONY DR
City-St-Zip: GULFPORT, FL 33707

Title: D (X) Change () Addition
Name: LESLIE, FRED
Address: 6027 KIPPS COLONY DR
City-St-Zip: GULFPORT, FL 33707

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: DIANNE FALGIONE

LCAM

03/17/2009

Electronic Signature of Signing Officer or Director

Date