

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N94000001538

1. Entity Name
ONE KINGFISH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1 19TH AVE.
INDIAN ROCKS BEACH, FL 33785 US
Mailing Address
1 19TH AVE.
UNIT IV
INDIAN ROCKS BEACH, FL 33785

DO NOT WRITE IN THIS SPACE

**FILED
Mar 17, 2006 08:00 AM
Secretary of State**



03222006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3249963 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, MARY LYNNE
ONE 19TH AVE.
UNIT III
INDIAN ROCKS BEACH, FL 33785

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IN THIS SPACE**

6. 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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMOAK, HENRY E III ONE 19TH AVE UNIT IV INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FADY, JULIE ONE 19TH AVE. UNIT I INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWKINS, MARY LYNNE ONE 19TH AVE UNIT III INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMOAK, KERRI ONE 19TH AVE UNIT IV INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/29/06-80038-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Mary Lynne Hawkins* **3/21/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(727) 595-4671

Date

Daytime Phone #