

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90037 037 ****61.25

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-3249963	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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.				DATE	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				Filing Fee is \$61.25 Due by May 1, 2008	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State				10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME STREET ADDRESS CITY-ST-ZIP			
D SMOAK, HENRY E III ONE 19TH AVE UNIT IV INDIAN ROCKS BEACH, FL 33785		<input type="checkbox"/> Delete			
DP FADY, JULIE ONE 19TH AVE. UNIT I INDIAN ROCKS BEACH, FL 33785		<input type="checkbox"/> Delete			
D HAWKINS, MARY LYNNE ONE 19TH AVE UNIT III INDIAN ROCKS BEACH, FL 33785		<input type="checkbox"/> Delete			
ST SMOAK, KERRI ONE 19TH AVE UNIT IV INDIAN ROCKS BEACH, FL 33785		<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Mary Lynne Hawkins</u> 3/10/08 1127)595-4671 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					