

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001538

FILED
Feb 16, 2009
Secretary of State

Entity Name: ONE KINGFISH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1 19TH AVE.
INDIAN ROCKS BEACH, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

1 19TH AVE.
UNIT IV
INDIAN ROCKS BEACH, FL 33785

New Mailing Address:

FEI Number: 59-3249963 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HAWKINS, MARY LYNNE
ONE 19TH AVE.
UNIT III
INDIAN ROCKS BEACH, FL 33785 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: SMOAK, HENRY E III
Address: ONE 19TH AVE UNIT IV
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: DP () Delete
Name: FADY, JULIE
Address: ONE 19TH AVE. UNIT I
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D () Delete
Name: HAWKINS, MARY LYNNE
Address: ONE 19TH AVE UNIT III
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: ST () Delete
Name: SMOAK, KERRI
Address: ONE 19TH AVE UNIT IV
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () 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: MARY LYNNE HAWKINS

RA

02/16/2009

Electronic Signature of Signing Officer or Director

Date