

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90034 006 ****61.25

DOCUMENT # N94000005347 1. Entity Name NORTH SHORE AT KINGSWAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 12144 SW EGRET CIRCLE LAKE SUZY, FL 34269 US			Mailing Address 12144 SW EGRET CIRCLE LAKE SUZY, FL 34269 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6025 Taylor Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #2			
City & State Punta Gorda, FL		City & State Punta Gorda, FL			
Zip 33950		Country USA		4. FEI Number 59-3314123	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STAR HOSPITALITY MGMT INC 6025 TAYLOR RD PUNTA GORDA, FL 33950				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.					
SIGNATURE <u><i>Sherry Dario</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1-29-07</u>					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOVELY, SYLVIA S 12144 SW EGRET CR #1601 ARCADIA, FL 34269	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIDDLE, RICHARD 12144 SW EGRET CIR 807 ARCADIA, FL 34269	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIPPER, DORLA 12144 SW EGRET CIR 1302 ARCADIA, FL 34269	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADDEN, DARLENE 12144 S W EGRET CIRCLE LAKE SUZY, FL 34269	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOSTUTLER, ROBERT 12144 SW EGRET CIR 106 ARCADIA, FL 34269	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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><i>Sylvia S. Lovely</i></u>		