

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90029 050 \*\*\*\*61.25

**DOCUMENT # N95000005765**

1. Entity Name  
**KA-MAR CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**2800 NE 28TH STREET**  
**LIGHTHOUSE POINT, FL 33064 US**

Mailing Address  
**1493 RAMON ROAD**  
**THE VILLAGES, FL 32162 US**

40071000



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

04122008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1206748**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**TURTORA, JOHN A**  
**1493 RAMON ROAD**  
**THE VILLAGES, FL 32162**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

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, 2008**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$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	<input type="checkbox"/> Delete
P.	TURTORA, JOHN A	2800 NE 28TH STREET	LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/>
VP	HONDERICK, TIM	2800 NE 28TH STREET	LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/>
ST	SEERY, JACKIE	2800 NE 28TH STREET	LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	VPCAROL MAHIA	2800 NE 28TH ST	LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ST	MURIEL A. TURTORA	2800 NE 28TH ST	LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* President  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08 Date  
 352 4300271 Daytime Phone #