


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90252 028 \*\*\*\*61.25

<b>DOCUMENT # N98000001906</b> 1. Entity Name <b>KINSALE BY THE SEA CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>233 SOUTHEAST 21ST AVENUE DEERFIELD BEACH FL 33441</b>				Mailing Address <b>233 SOUTHEAST 21ST AVENUE DEERFIELD BEACH FL 33441</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>YARNEL, KIM</b> <b>233 SOUTHEAST 21ST AVENUE</b> <b>DEERFIELD BEACH FL 33441</b>				Name <b>Kim Cornelius</b> Street Address (P.O. Box Number is Not Acceptable) <b>Same</b> City <b>FL</b> 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 <b>Kim Cornelius</b> , <b>Kim Cornelius</b> <span style="float: right;"><b>4-18-05</b></span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>YARNEL, KIM</b> <b>233 SOUTHEAST 21ST AVENUE</b> <b>DEERFIELD BEACH FL 33441</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Same</b> <b>- Change - Kim Cornelius</b> <b>Same</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>CORNELIUS, ROD</b> <b>233 SOUTHEAST 21ST AVENUE</b> <b>DEERFIELD BEACH FL 33441</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer (T)</b> <b>Frank Cipriano</b> <b>233 S.E. 21st Avenue</b> <b>Deerfield Beach, FL 33441</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>STILLMAN, MAWHAL</b> <b>233 SOUTHEAST 21ST AVENUE</b> <b>DEERFIELD BEACH FL 33441</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary (S)</b> <b>Nathan Twilla</b> <b>233 S.E. 21st Ave</b> <b>Deerfield Beach, FL 33441</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 <b>Kim Cornelius</b> , <b>Kim Cornelius</b> <span style="float: right;"><b>4-18-05 954-429-0544</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

