

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90010 025 ****61.25

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1. Entity Name
**KINSALE BY THE SEA CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**233 SOUTHEAST 21ST AVENUE
DEERFIELD BEACH, FL 33441**

Mailing Address
**233 SOUTHEAST 21ST AVENUE
DEERFIELD BEACH, FL 33441**



02262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0855965

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORNELIUS, KIM
233 SOUTHEAST 21ST AVENUE
DEERFIELD BEACH, FL 33441**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **CORNELIUS, KIM**
STREET ADDRESS **233 SOUTHEAST 21ST AVENUE**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

TITLE **T**
NAME **CIPRIANO, FRANK**
STREET ADDRESS **233 SOUTHEAST 21ST AVENUE**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

TITLE **S**
NAME **TWILLA, NATHAN**
STREET ADDRESS **233 SOUTHEAST 21ST AVENUE**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Harry Socowicz MCA 2/27/06 914 3602967