

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000008652

FILED  
Feb 27, 2008  
Secretary of State

Entity Name: KINGFISHER HOMEOWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

11912 SW STATE ROAD 24  
CEDAR KEY, FL 32625

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6  
CEDAR KEY, FL 32625

**New Mailing Address:**

FEI Number: 20-8273865

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIS, HEATH M  
649 2ND STREET  
CEDAR KEY, FL 32625 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DAVIS, HEATH  
Address: 649 2ND STREET  
City-St-Zip: CEDAR KEY, FL 32625

Title: VP ( ) Delete  
Name: DAVIS, JOLIE  
Address: 649 2ND STREET  
City-St-Zip: CEDAR KEY, FL 32625

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEATH DAVIS

P

02/27/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date