2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2015
Secretary of State
CC5035377838

DOCUMENT# 749058

Entity Name: KITCHING COVE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1010 SE KITCHING COVE LN
PORT ST LUCIE, FL 34952

Current Mailing Address:

1010 SE KITCHING COVE LN
PORT ST LUCIE, FL 34952 US

FEI Number: 59-2404423

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KING, JOLEEN
1016 SE KITCHING COVE LN
PORT ST LUCIE, FL 34952 US

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

Officer/Director Detail :

Title	P
Name	HICKEY, THOMAS M
Address	1010 SE KITCHING COVE LN
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	T
Name	MAXWELL, LORI
Address	1015 SE KITCHING COVE LN
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	D
Name	DILLON, JIM
Address	1005 SE KITCHING COVE LN
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	DIRECTOR
Name	WESTMORELAND, JOE
Address	1011 SE KITCHING COVE LN
City-State-Zip:	PORT ST LUCIE FL 34952

Title	S
Name	KING, JOLEEN
Address	1016 SE KITCHING COVE LN
City-State-Zip:	PSL FL 34952

Title	D
Name	LARSON, BOB
Address	1014 SE KITCHING COVE LN
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	VP
Name	GOULD, WILLIAM
Address	1015 SE KITCHING COVE LN
City-State-Zip:	PORT ST LUCIE FL 34952

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOLEEN G KING SECRETARY 02/16/2015

Electronic Signature of Signing Officer/Director Detail — Date