

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2002 8:00 am**
Secretary of State

04-29-2002 90076 045 ****61.25

DOCUMENT # 748341

1. Entity Name

KINGS LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1044 CASTELLO DRIVE #206
NAPLES FL 34103
US****1044 CASTELLO DRIVE #206
NAPLES FL 34103
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1985681

Applied For

Not Applicable

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

**SOUTHWEST-PROPERTY MGMT CORP.
1044 CASTELLO DRIVE #206
NAPLES FL 34103**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **GARHAM, DOUGLAS**
STREET ADDRESS **2296 ROYAL LANE**
CITY-ST-ZIP **NAPLES FL 34112**TITLE **PD** ☐ Change ☒ Addition
NAME **Joseph Stude**
STREET ADDRESS **2341 Kings Lake Blvd**
CITY-ST-ZIP **Naples, FL 34112**TITLE **D** ☐ Delete
NAME **DAVIS, DORTHEA**
STREET ADDRESS **2742 KINGS LAKE BLVD**
CITY-ST-ZIP **NAPLES FL 34112**TITLE **VD** ☐ Change ☒ Addition
NAME **Robert Laird**
STREET ADDRESS **1765 Courtyard Way #209C**
CITY-ST-ZIP **Naples, FL 34112**TITLE **D** ☐ Delete
NAME **NUECHTERLEIN, KARL**
STREET ADDRESS **2432 DUCHESS CT**
CITY-ST-ZIP **NAPLES FL 34112**TITLE **SD** ☐ Change ☒ Addition
NAME **Duncan Farnsworth**
STREET ADDRESS **1743 Knights Way**
CITY-ST-ZIP **Naples, FL 34112**TITLE **D** ☐ Delete
NAME **HEPNER, JOSEPH**
STREET ADDRESS **2135 TAMA CR #101**
CITY-ST-ZIP **NAPLES FL 34112**TITLE **TD** ☐ Change ☒ Addition
NAME **Raymond Thonnot**
STREET ADDRESS **2425 Kings Lake Blvd**
CITY-ST-ZIP **Naples, FL 34112**TITLE **D** ☐ Delete
NAME **COX, PAM**
STREET ADDRESS **3024 ROUND TABLE COURT**
CITY-ST-ZIP **NAPLES FL 34112**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **WITHAM, SUSAN**
STREET ADDRESS **2104 BUCKINGHAM LANE**
CITY-ST-ZIP **NAPLES FL 34112**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)