FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **751437** **(5)**

1. Corporation Name

KINGS COURT VILLAS, INC.

Principal Place of Business	Mailing Address
4379 TAMIAMI TRAIL. SUITE #250 PUNTA GORDA FL 33980	4379 TAMIAMI TRAIL. SUITE #250 PUNTA GORDA FL 33980

3. Date Incorporated or Qualified: **03/07/1980**

3a. Date of Last Report: **03/22/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-2040997** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22 / 27

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

City & State — 23 / 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 / Country — 25 / Zip — 29 / Country — 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CLAYTON, VIRGINIA C.
4379 TAMIAMI TRAIL, SUITE #250
PUNTA GORDA FL 33980

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Virginia C. Clayton 2/19/96
Signature, typed or printed name of registered agent and date if applicable — NOTE: Registered Agent signature required when reinstating! — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BUELOW, DALE		1.2 NAME		
STREET ADDRESS	4379 TAMIAMI TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE HRBR, FL 00000		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CLAYTON, VIRGINIA		2.2 NAME		
STREET ADDRESS	18403 MEYER AVE., SW		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 00000		2.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FETHEROLF, MARTIN		3.2 NAME		
STREET ADDRESS	2180 EL CERITO CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		3.4 CITY-ST-ZIP		
TITLE	VICE PRESIDENT "D"	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ADAM BECK		4.2 NAME		
STREET ADDRESS	820 KINGS CT H		4.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33950		4.4 CITY-ST-ZIP	900001774459	
TITLE		☐ DELETE	5.1 TITLE	-04709706--01129--008 ***61.25	☒ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Virginia C. Clayton 2/19/96 941-625-6534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GA 3-96