

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006467

FILED
Apr 07, 2008
Secretary of State

Entity Name: KINGS LAKE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3682903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
% SENTRY MANAGEMENT INC
2180 W. SR 434 STE 5000
LONGWOOD, FL 327795044 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POWELL, DAVID
Address: 12908 KINGS LAKE DR
City-St-Zip: GIBSONTON, FL 33534

Title: STD () Delete
Name: CARMODY, KRISTY
Address: 13018 WATERBOURNE DR
City-St-Zip: GIBSONTON, FL 33534

Title: TD () Delete
Name: SANDERS, HEATHER
Address: 12706 KINGS LAKE DR
City-St-Zip: GIBSONTON, FL 33534

Title: VPD () Delete
Name: BROWN, NATHANIEL
Address: 12960 LAKE VISTA DR
City-St-Zip: GIBSONTON, FL 33534

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HUGHES, ROWLAND
Address: 6925 WATERBROOK CT
City-St-Zip: GIBSONTON, FL 33534

Title: TD (X) Change () Addition
Name: JUDD, WALTER
Address: 6937 CROWN LAKE DR
City-St-Zip: GIBSONTON, FL 33534

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: JAWORSKI, TOM
Address: 12910 LAKE VISTA DR
City-St-Zip: GOBSONTON, FL 33534

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

SIGNATURE: DAVID POWELL

PD

04/07/2008

Electronic Signature of Signing Officer or Director

_____ Date