

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Apr 09, 2008  
Secretary of State**

DOCUMENT# N00000006467

**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:**1799-B NORTH BELCHER RD  
CLEARWATER, FL 33765**Current Mailing Address:**2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044**New Mailing Address:**P.O. BOX 14357  
CLEARWATER, FL 33766

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:**AMERI-TECH REALTY INC  
1799-B NORTH BELCHER ROAD  
CLEARWATER, FL 33765 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: MICHAEL G PEREZ, PRESIDENT

04/09/2008

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 33534Title: SD ( ) Delete  
Name: HUGHES, ROWLAND  
Address: 6925 WATERBROOK CT  
City-St-Zip: GIBSONTON, FL 33534Title: TD ( ) Delete  
Name: JUDD, WALTER  
Address: 6937 CROWN LAKE DR  
City-St-Zip: GIBSONTON, FL 33534Title: VPD ( ) Delete  
Name: BROWN, NATHANIEL  
Address: 12960 LAKE VISTA DR  
City-St-Zip: GIBSONTON, FL 33534Title: D (X) Delete  
Name: JAWORSKI, TOM  
Address: 12910 LAKE VISTA DR  
City-St-Zip: GOBSONTON, FL 33534**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip: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 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

04/09/2008

Electronic Signature of Signing Officer or Director

Date