

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 10 PM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04592 (4)

1. Corporation Name

KING'S COLONY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 351273
PALM COAST FL 32135-8273

Mailing Address

P.O. BOX 351273
PALM COAST FL 32135-8273

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1984

3a. Date of Last Report

06/30/1994

4. FEI Number

59-2641233

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEALY, MARTIN
56 KINGS COLONY CT
PALM COAST FL 32137

ROBERT COPELAND
70 KINGS COLONY CT
PALM COAST, FL 32137

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HEALY, MARTIN
STREET ADDRESS	56 KINGS COLONY CT
CITY-ST-ZIP	PALM COAST FL
TITLE	VD
NAME	LEE, GRACE
STREET ADDRESS	45 KINGS COLONY CT
CITY-ST-ZIP	PALM COAST FL
TITLE	D
NAME	COURTNEY, JOHN
STREET ADDRESS	34 KINGS COLONY CT
CITY-ST-ZIP	PALM COAST FL
TITLE	T
NAME	GEENTY, WILLIAM
STREET ADDRESS	31 KINGS COLONY CT
CITY-ST-ZIP	PALM COAST FL
TITLE	S
NAME	DEL VECCHIO, GENEVEVE
STREET ADDRESS	28 KINGS COLONY COURT
CITY-ST-ZIP	PALM COAST FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DELETE

DELETE

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	RES/D
1.2 NAME	COPELAND, ROBERT
1.3 STREET ADDRESS	70 KINGS COLONY CT SO.
1.4 CITY-ST-ZIP	PALM COAST FL 32137
2.1 TITLE	TREAS/D
2.2 NAME	JAMES MISKELLY
2.3 STREET ADDRESS	1 KINGS COLONY CT
2.4 CITY-ST-ZIP	P.O. FL 32137
3.1 TITLE	V.P/D
3.2 NAME	FLORENCE RICH-BROWN
3.3 STREET ADDRESS	21 KINGS COLONY CT
3.4 CITY-ST-ZIP	P.O. FL 32137
4.1 TITLE	S/D
4.2 NAME	LUCIO DELLA VERGIA
4.3 STREET ADDRESS	51 COTTONWOOD CT
4.4 CITY-ST-ZIP	P.O. FL 32137
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

☐ Change ☐ Addition

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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 110.07(3)(b), 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 its 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 2, 1995