

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90167 047 \*\*\*\*61.25

**DOCUMENT # N04592**

1. Entity Name

**KING'S COLONY HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

P.O. BOX 351273  
 PALM COAST FL 32135-1273

**A0021354**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2641233**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PALM COAST PROPERTY MANAGEMENT**  
**296 PALM COAST PWY NE**  
**WILLIAM A. WHITE**  
**PALM COAST FL 32137**

Name **FRED ANNON, JR.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**PALM COAST PROPERTY MANAGEMENT**  
**7 FLORIDA PARK DRIVE, SUITE C**  
 City **PALM COAST** **FL** Zip Code **32137**

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

*[Handwritten Signature]*

**02-08-00**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. 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	VPD	<input type="checkbox"/> Delete
NAME	COPELAND, ROBERT	
STREET ADDRESS	70 KUNGS COLONY CT SO.	
CITY-ST-ZIP	PALM COAST FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MISKELLY, JAMES	
STREET ADDRESS	1 KINGS COLONY CT	
CITY-ST-ZIP	P.C. FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOWNS, JACK	
STREET ADDRESS	2 KINGS COLONY CT. N.	
CITY-ST-ZIP	PALM BEACH FL 32137	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DELLA VECCHIA, LUCIO	
STREET ADDRESS	51 COTTONWOOD CT	
CITY-ST-ZIP	PALM COAST FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOYE, WILLIAM	
STREET ADDRESS	64 KINGS COLONY CT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/4/00**  
 Date

Daytime Phone #

CR2E037 (9/99)