
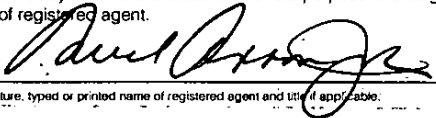
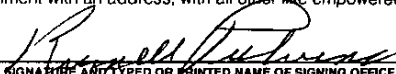


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90049 008 ****61.25

DOCUMENT # N04592 1. Entity 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			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip 32135-1273		Country		Zip 32135-1273		
Country		4. FEI Number 59-2641233				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent ANNON, FRED JR PALM COAST PROPERTY MANAGEMENT 7 FLORIDA PARK DR SUITE C PALM COAST, FL 32137				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 03-11-2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, MARION <input checked="" type="checkbox"/> Delete 58 KINGS COLONY COURT PALM COAST, FL 32137			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Clark, Alice <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 16 Kings Colony Court Palm Coast, FL 32137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MISKELLY, JAMES <input checked="" type="checkbox"/> Delete 1 KINGS COLONY CT P.C., FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Russell Pulvino <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO Box 351304 Palm Coast, FL 32135-1304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIPPERT, WILBERT <input type="checkbox"/> Delete 18 KINGS COLONY COURT PALM BEACH, FL 32137			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Lippert, Wilbert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18 Kings Colony Court Palm Coast, FL 32137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELLA VECCHIA, LUCIO <input type="checkbox"/> Delete 51 COTTONWOOD CT PALM COAST, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOYE, WILLIAM <input type="checkbox"/> Delete 64 KINGS COLONY CT PALM COAST, FL 32137			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 				3/10/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				386-446-6333		
<small>Date</small>				<small>Daytime Phone #</small>		