
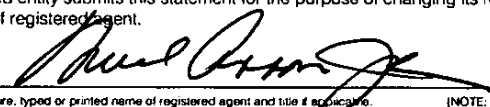



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90348 010 ****61.25

DOCUMENT # N04592							
1. Entity Name KING'S COLONY HOMEOWNERS' ASSOCIATION, INC.							
Principal Place of Business P.O. BOX 351273 PALM COAST, FL 32135-1273			Mailing Address P.O. BOX 351273 PALM COAST, FL 32135-1273				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2641233			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ANNON, FRED JR PALM COAST PROPERTY MANAGEMENT 7 FLORIDA PARK DR SUITE C PALM COAST, FL 32137			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 04-11-2006				
Filing Fee is \$61.25 Due by May 1, 2006			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	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLARKS, ALICE			NAME			
STREET ADDRESS	16 KINGS COLONY CT			STREET ADDRESS			
CITY-ST-ZIP	PALM COAST, FL 32137			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PULVINO, RUSSELL			NAME			
STREET ADDRESS	PO BOX 351304			STREET ADDRESS			
CITY-ST-ZIP	PALM COAST, FL 321351304			CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LIPPERT, WILBERT			NAME	Cannizzaro, Victor		
STREET ADDRESS	18 KINGS COLONY COURT			STREET ADDRESS	50 Kings Colony Court		
CITY-ST-ZIP	PALM COAST, FL 32137			CITY-ST-ZIP	Palm Coast, FL 32137		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DELLA VECCHIA, LUCIO			NAME			
STREET ADDRESS	51 COTTONWOOD CT			STREET ADDRESS			
CITY-ST-ZIP	PALM COAST, FL			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FOYE, WILLIAM			NAME	DeBaets, Gerald		
STREET ADDRESS	64 KINGS COLONY CT			STREET ADDRESS	46 Kings Colony Court		
CITY-ST-ZIP	PALM COAST, FL 32137			CITY-ST-ZIP	Palm Coast, FL 32137		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				2/13/06 386-446-6333			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			

40049767



02032006 Chg-NP CR2E037 (11/05)

Applied For
Not Applicable

FL

04-11-2006

2/13/06