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4. FEI Number 59-2641233	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

<h1>DOCUMENT # N04592</h1>			
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
BELLAPIANTA, MARC 17 OLD KINGS ROAD NORTH SUITE B PALM COAST, FL 32137			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			
TITLE	SD	<input type="checkbox"/> Delete	
NAME	CLARKS, ALICE		
STREET ADDRESS	16 KINGS COLONY CT		
CITY - ST - ZIP	PALM COAST, FL 32137		
TITLE	TD	<input type="checkbox"/> Delete	
NAME	PULVINO, RUSSELL		
STREET ADDRESS	PO BOX 351304		
CITY - ST - ZIP	PALM COAST, FL 321351304		
TITLE	D	<input type="checkbox"/> Delete	
NAME	CANNIZZARO, VICTOR		
STREET ADDRESS	50 KINGS COLONY CT		
CITY - ST - ZIP	PALM COAST, 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	DEBAETS, GERALD		
STREET ADDRESS	46 KINGS COLONY CT		
CITY - ST - ZIP	PALM COAST, FL 32137		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
11.			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, F.S., changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Russell Pulvino & Russell Pulvino</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			