

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

**FILED**  
**Feb 02 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N06030 (3)**  
 1. Corporation Name  
**THE WOODLANDS AT KING'S LAKE ASSOCIATION, INC.**



|   |  |
|---|--|
| Principal Place of Business<br>2253 ROYAL LANE<br>NAPLES FL 33962 | Mailing Address<br>800 SEA GATE DR<br>STE 202<br>NAPLES FL 33940<br>US |
|---|--|

|   |                               |
|---|-------------------------------|
| 3. Date Incorporated or Qualified<br>11/06/1984 |                               |
| 4. FEI Number<br><b>NOT APPLICABLE</b>          | Applied For<br>Not Applicable |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip 24 Country 25 | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip 29 Country 30 |
|---|--|

|   |
|---|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees   |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

**9. Name and Address of Current Registered Agent**

JONES, RICHARD D  
 2269 ROYAL LANE  
 NAPLES FL 33962

**10. Name and Address of New Registered Agent**

|   |             |
|---|-------------|
| 81 Name   |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

|                |                   |  |
|----------------|-------------------|--|
| TITLE          | D                 | <input type="checkbox"/> DELETE            |
| NAME           | KLINE, DAVID      |  |
| STREET ADDRESS | 2252 ROYAL LANE   |  |
| CITY-ST-ZIP    | NAPLES FL         |  |
| TITLE          | DP                | <input type="checkbox"/> DELETE            |
| NAME           | JONES, RICHARD    |  |
| STREET ADDRESS | 2269 ROYAL LANE   |  |
| CITY-ST-ZIP    | NAPLES FL         |  |
| TITLE          | DT                | <input checked="" type="checkbox"/> DELETE |
| NAME           | LEVIN, LEO        |  |
| STREET ADDRESS | 2293 ROYAL LN     |  |
| CITY-ST-ZIP    | NAPLES FL         |  |
| TITLE          | DVP               | <input checked="" type="checkbox"/> DELETE |
| NAME           | SMITH, ROBERT     |  |
| STREET ADDRESS | 2266 ROYAL LANE   |  |
| CITY-ST-ZIP    | NAPLES FL         |  |
| TITLE          | DS                | <input type="checkbox"/> DELETE            |
| NAME           | DANSEREAU, JEROME |  |
| STREET ADDRESS | 2297 ROYAL LANE   |  |
| CITY-ST-ZIP    | NAPLES FL         |  |
| TITLE          |                   | <input type="checkbox"/> DELETE            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | DT HERBERT HARR  |
| 3.3 STREET ADDRESS | 2261 ROYAL LANE  |
| 3.4 CITY-ST-ZIP    | Naples FL 34112  |
| 4.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | DVP CAROL SWEAT  |
| 4.3 STREET ADDRESS | 2244 Royal Lane  |
| 4.4 CITY-ST-ZIP    | Naples FL 34112  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. 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 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 the 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: Richard D Jones **DATE REQUIRED** Richard D Jones 1/20/98 774-2390

CR2E037 (10/97)