

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
May 02, 2000 8:00 am
Secretary of State

02-19-2000 90025 035 ****61.25

DOCUMENT # N06030

1. Entity Name

THE WOODLANDS AT KING'S LAKE ASSOCIATION, INC.

Principal Place of Business

2253 ROYAL LANE
 NAPLES FL 33962 34112

Mailing Address

900 SEA GATE DR
 STE 202
 NAPLES FL 34103-2809
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SWEAT, CAROLE
 2244 ROYAL LANE
 NAPLES FL 34112

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.

SIGNATURE

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

TITLE: **DVD** Delete
 NAME: **KLINE, DAVID**
 STREET ADDRESS: **2252 ROYAL LANE**
 CITY-ST-ZIP: **NAPLES FL**

TITLE: **DT** Delete
 NAME: **HARR, HERBERT**
 STREET ADDRESS: **2281 ROYAL LANE**
 CITY-ST-ZIP: **NAPLES FL 34112**

TITLE: **DP** Delete
 NAME: **SWEAT, CAROL**
 STREET ADDRESS: **2244 ROYAL LANE**
 CITY-ST-ZIP: **NAPLES FL 34112**

TITLE: **DS** Delete
 NAME: **DANSEREAU, JEROME**
 STREET ADDRESS: **2297 ROYAL LANE**
 CITY-ST-ZIP: **NAPLES FL**

TITLE: **DR** Delete
 NAME: **CRAIG, ALAN**
 STREET ADDRESS: **2241 ROYAL LN 2286**
 CITY-ST-ZIP: **NAPLES FL**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **SECRETARY** Change Addition
 NAME: **WEISE, DODIE**
 STREET ADDRESS: **2237 ROYAL LN**
 CITY-ST-ZIP: **NAPLES, FL 34112**

TITLE: **TREASURER** Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **PRESIDENT** Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **DIRECTOR** Change Addition
 NAME: **NABEON de LOSTANG, JOSS**
 STREET ADDRESS: **2280 ROYAL LN**
 CITY-ST-ZIP: **NAPLES, FL 34112**

TITLE: **V. PRESIDENT** Change Addition
 NAME: **CRAIG, ALAN**
 STREET ADDRESS: **2286 ROYAL LN**
 CITY-ST-ZIP: **NAPLES, FL 34112**

TITLE: Change 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:

SIGNATURE REQUIRED

2/9/00

941 722-7017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)