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FILED

May 08 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000207 (2)

1. Corporation Name

KINGS LANDING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3830 TAMPA ROAD
SUITE 200
PALM HARBOR FL 346843830 TAMPA ROAD
SUITE 200
PALM HARBOR FL 34684-38053. Date Incorporated or Qualified
11/10/19923a. Date of Last Report
03/04/1996

2. Principal Place of Business

21 P.O. Box 7247

2a. Mailing Address

26 P.O. Box 7247

4. FEI Number

59-3244681

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

23 Wesley Chapel, FL

City & State

28 Wesley Chapel, FL

6. Election Campaign Financing

Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

Zip

24 33543

Country

25 USA

Zip

29 33543

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BABCOCK, CHARLES I III
3830 TAMPA ROAD, SUITE 200
PALM HARBOR FL 34684

81 Name

Richard A. Womack

82 Street Address (P.O. Box Number is Not Acceptable)

26912 Carmen Place

83

84 City

Lutz

FL

85 Zip Code

33549

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

Richard A. Womack

4-23-97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CHARLES I. BABCOCK, III	
STREET ADDRESS	3830 TAMPA ROAD, SUITE 200	
CITY - ST - ZIP	PALM HARBOR FL 34684	

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard A. Womack	
1.3 STREET ADDRESS	26912 Carmen Place	
1.4 CITY - ST - ZIP	Lutz, FL 33549	

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ROBERT E. BASS	
STREET ADDRESS	3830 TAMPA ROAD, SUITE 200	
CITY - ST - ZIP	PALM HARBOR FL 34684	

2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Randy Klindworth	
2.3 STREET ADDRESS	4304 Fayette Dr.	
2.4 CITY - ST - ZIP	Lutz, FL 33549	

TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	CHRISTINE M. BASS	
STREET ADDRESS	3830 TAMPA ROAD, SUITE 200	
CITY - ST - ZIP	PALM HARBOR FL 34684	

3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ms. Billie Snyder	
3.3 STREET ADDRESS	26813 Haverhill Dr.	
3.4 CITY - ST - ZIP	Lutz, FL 33549	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

4.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Cynthia L. Shoemaker	
4.3 STREET ADDRESS	4604 Steel Dust Lane	
4.4 CITY - ST - ZIP	Lutz, FL 33549	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 do 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 A. Womack

4/23/97

813-907-9760

Date

Daytime Phone # 0068818

CR2E037 (9/96)