2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000207

1. Entity Name

KING'S LANDING HOMEOWNER'S ASSOCIATION, INC.

FILED

00 JUL 11 PM 2:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

06/08/00 900321018 61.25

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Sterling Management, Inc.
City & State	City & State 2880 Scherer Drive, Suite 840 St. Petersburg, Florida 33716
Zip / Country	Zip / Country

4. FEI Number 59-3244681 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARK STOPS C/O STERLING MANAGEMENT, INC. 2880 SCHERER DR. #840 ST. PETE, FL. 33716	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 _____ 5/3/00

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PRES. NAME D STREET ADDRESS CITY-ST-ZIP	RANDY KLINDWORTH 4304 FAYETTE DR LUTZ, FL. 33549	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V.PRES. NAME D STREET ADDRESS CITY-ST-ZIP	TOM VACIQUETT 26925 HAVERHILL DR. LUTZ, FL. 33549	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SEC. NAME STREET ADDRESS CITY-ST-ZIP	JACK MURALT 26835 CARLA PLACE LUTZ, FL. 33549	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TREAS. NAME STREET ADDRESS CITY-ST-ZIP	STACIE HENDERSON 26919 CARLA PLACE LUTZ, FL. 33549	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DIR. NAME STREET ADDRESS CITY-ST-ZIP	ROSALIE BRACCIALE 4552 STEEL DUST LANE LUTZ, FL. 33549	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/11