## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 16, 2001 8:00 am; Secretary of State DOCUMENT # N9200000207 1. Entity Name 05-16-2001 90046 034 \*\*\*\*61.25 KINGS LANDING HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address STERLING MANAGEMENT, INC. STERLING MANAGEMENT, INC. 2880 SCHERER DRIVE. STE. 840 2880 SCHERER DRIVE, STE. 840 ST. PETERSBURG FL 33716 ST. PETERSBURG FL 33716 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3244681 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) STOOPS, MARK % STERLING MANAGEMENT, INC. 2880 SCHERER DRIVE, #840 Zip Code City FL ST. PETERSBURG FL 33716 tatement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named entity sub SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition PD TITLE Change TITLE ☐ Delete VALERIE BENNETT NAME KLINDWORTH, RANDY NAME 26800 HAVERHILL DRIVE STREET ADDRESS STREET ADDRESS 4304 FAYETTE DRIVE CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** Change ☐ Addition ☐ Delete TITLE TITLE VALIQUETT, TOM NAME NAME STREET ADDRESS 26925 HAVERHILL DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** ☐ Delete TITLE Change ☐ Addition TITLE MURALT, JACK NAME NAME STREET ADDRESS STREET ADDRESS 26835 CARLA PLACE CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** Change ☐ Addition Delete TITI F TITLE NAME HENDERSON, STACK NAME STREET ADDRESS STREET ADDRESS 26919 CARLA PLACE CITY-ST-ZIP CITY-ST-ZIE **LUTZ FL 33549** Change ☐ Addition TITLE ☐ Delete TITLE BRACCIACLE, ROSALIE NAME NAME STREET ADDRESS STREET ADDRESS 4552 STEEL DUST LANE CITY-ST-7IP CITY-ST-7IP **LUTZ FL 33549** ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS C!TY-ST-ZIP

SIGNATURE:

STREET ADDRESS

1-30-01 813-991-1592