2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # N92000000207

FILED Feb 12, 2007 8:00 am Secretary of State

02-12-2007 90075 005 ****61.25

Principal Place of Business 7001 TEMPLE TERRACE, FL 33637 US Suite, Apt. #, etc. 10142007 Chg-NP CR2E037 (12/06) City & State City &	1. Entity Nam KINGS L	ANDING HOMEOWNERS	ASSOC	IATION, INC.									
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City & State Ci	2. Principal P	Principal Place of Business - No P.O. Box # Mailing Address					,						
Signature Sign	Suite, Apt. #, etc.			uite, Apt. #, etc.				01042007 CI	ng-NP	CR2E03	37 (12/06)		
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DUARTE, ANTONIO III 6221 LAND O'LAKES BLVD. LAND O LAKES BLVD. LAND O LAKES, FL 34639 City FL Zip Code		6. Name and Address of Current Registered Agent-					· · · · · · · · · · · · · · · · · · ·						
EAND O LAKES, FL 34639 City	DUARTE,	DUARTE, ANTONIO III											
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and blee if applicable. (NOTE: Registered Agent aignature required when rematating) DATE						Street Address (P.O. Box Number is Not Acceptable)							
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. I am familiar with, and accept the obligations of registered agent. Signature Signature, typed or printed name of registered agent and size if applicable. (NOTE: Registered Agent algorabure required when reinstating) DATE	LAND O LAKES, FL 34639												
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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