NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300001364\

1. Corporation Name

VILLAS OF KINGS CROSSING CONDOMINIUM ASSOCIATION , INC.

Principal Place of Business 12607 SW KINGSWAY CR LAKE SUZY FL 34266

US

Mailing Address

12607 SW KINGSWAY CR LAKE SUZY FL 34266-6741

FILED Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90003 026 ****61.25



2. Principal Pla	2. Principal Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed	
21	26				03/25/1993	
	Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number Applied For	
22	27		<u> </u>		65-0335236 Not Applicable	
City & State	3	City & State			5. Certificate of Status Desired Second Seco	
23		28			ree Required	
Zip	Country	Zip	Country		6. Election Campaign Financing \$5.00 May Be	
24	25	29 30	<u> </u>		Trust Fund Contribution Added to Fees	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent	
			81	Name	e	
WALDRON, EUGENE E JR				82 Street Address (P.O. Box Number is Not Acceptable)		
124 N BREVARD AVE				<u> </u>		
ARCADIA FL 34266			83	83		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			84	City	85 Zip Code	
			04	City	FL o mp o o o	
11. Pursuant i	to the provisions of Sections 617.05	02 and 617.1508, Florida Statutes,	the above	e-named	d corporation submits this statement for the purpose of changing its registered	
office or re	agistered agent or both in the State	e of Florida. Such change was autī	ionzed by	the corpo	rporation's board of directors. I hereby accept the appointment as registered	
agent. I ar	m familiar with, and accept the oblig	ations of, Section 617,0503, Florida	a Statutes	•	· · ·	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE: Re	acistered Ager	nt signature r	re required when reinstating) DATE	
12.	- 0 - 11	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AD	DELETE	1.1 TITLE		Change Addition	
	BISHOP, BRAD		1.2 NAME			
NAME	12607 SW KINGSWAY CIR			T ADDRESS	ee e	
STREET ADDRESS	LAKE SUZY FL 34266		1		8	
CITY-ST-ZIP		☐ DELETE	1.4 CITY-S 2.1 TITLE	1-2112	☐ Change ☐ Addition	
TITLE	VPTD	□ beceie				
NAME	BISHOP, LISA		2.2 NAME			
STREET ADDRESS	12607 KINGSWAY CIR			T ADDRESS	S	
CITY-ST-ZIP	LAKE SUZY FL 34266	Moster	2.4 CITY-5	T-ZIP	SD □ Change ☑ Addition	
TITLE	SD	X DELETE	3.1 TITLE			
NAME	VALLEE, RICHARD E		32 NAME		Gene Chufan 12409 BW KINESWAY CIRCLE	
STREET ADDRESS	12637 SW KINGSWAY CIR		3.3 STREE	T ADDRESS	S 12609 BU KINGSWAY CIRCLE	
City-St-ZiP	LAKE SUZY FL 34266		3.4. CITY-S	T-ZIP	D ARKE GALLET	
TITLE	· · · · · · ·	☐ DELETE	4.1 TITLE		Joan Greene Change Addition	
NAME			4. 2 NAME		265 TAMIAM: TRAIL	
STREET ADDRESS			4.3 STREE	T ADDRESS	265 TAMIAMI TRAIL Punta Gonda, Pl 33917	
CTTY-ST-ZIP			4.4 CITY-S	T-ZIP	Punta Gonda, Pl 33912	
TITLE		☐ DELETE	5.1 TITLE	_	☐ Change ☐ Addition	
NAME			5.2 NAME		<i>ن</i> ٠	
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	IT-ZIP		
TITLE		☐ DÉLETE	6.1 TITLE	_	☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	TADORESS	· · · · · · · · · · · · · · · · · · ·	
OTTLET ADDRESS	100 to		6.4 CITY-S	ar-ZiP		

14. 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 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, with all other like empowered.

SIGNATURE

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-66

941-375-6666

Daytime Phone (