2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2004 8:00 am Secretary of State

03-29-2004 90075 022 ****61.25 DOCUMENT # N93000001364 1. Entity Name VILLAS OF KINGS CROSSING CONDOMINIUM ASSOCIATION, INC. J403001J Principal Place of Business Mailing Address 12607 SW KINGSWAY CR 12607 SW KINGSWAY CR LAKE SUZY, FL 34266 LAKE SUZY, FL 34266-6741 US 2. Principal Place of Business 3. Mailing Address 100 SULLIVAN ST Suite, Apt. #, etc. Suite, Apt. #, etc. 03092004 Chg-NP CR2E037 (10/03) 112 Applied For City & State City & State 4. FEI Number 65-0335236 PUNTA GORDA Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 339D US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOAN, GREENE F Street Address (P.O. Box Number is Not Acceptable) 265 TAMIAMI TRL PUNTA GORDA, FL 30900 112 City PUNTA Zip Code 3 3 4 5 プン GOEDA the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement is the obligations of registered agent. 3-15-04 SIGNATURE IWhat Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee Is \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Delete TITLE ☐ Change ■ Addition GREENE, JOAN NAME NAME STREET ADDRESS 265 TAMIAMI TRAIL STREET ADORESS CITY-ST-ZIP PUNTA GORDA, FL 33912 CITY-ST-ZIP TITLE ☐ Change ☐ Addition □ Delete VALLES, RICHARD NAME NAME STREET ADDRESS 12637 SW KINGSWAY CIRCLE STREET ADDRESS LAKE SUZY, FL 34266 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete

JOS, BARNARD NAME 12617 SW KINGSWAY CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE SUZY, FL 34266 CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE CARNEY, GERALD NAME NAME 12601 SW KINGSWAY CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-7P ARCADIA, FL 34266 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attactment with an address, with all gifter like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Date

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