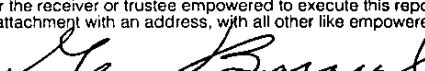


FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90028 039 ****61 25

DOCUMENT # N93000001364						03-17-2008 90028 039 ****61.25	
1. Entity Name VILLAS OF KINGS CROSSING CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 12607 SW KINGSWAY CR LAKE SUZY, FL 34266 US				Mailing Address 100 SULLIVAN ST. 112 PUNTA GORDA, FL 33951 US			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
JOAN, GREENE F 100 SULLIVAN ST. STE. 112 PUNTA GORDA, FL 33951				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL			
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				DATE			
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
D GREENE, JOAN 265 TAMiami TRAIL PUNTA GORDA, FL 33912 ☒ Delete				1 JPD Bob Luther 12633 S.W. Kingsway Circle LAKE SUZY FL 34269 ☐ Change ☒ Addition			
VD JOS, BARNARD 12617 SW KINGSWAY CIRCLE LAKE SUZY, FL 34266 ☐ Delete				PD 34269 ☒ Change ☐ Addition			
PD CARNEY, GERALD 12601 SW KINGSWAY CIRCLE ARCADIA, FL 34266 ☒ Delete				VD ☒ Change ☐ Addition			
STD BARRETT, ALLAN 6920 NORTH BLUFF CT ONEKAKA, MI 89675 ☐ Delete							
Rick AEA 12651 SW KINGSWAY Circle LAKE SUZY FL 34269 ☐ Change ☒ Addition							
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.							
SIGNATURE: 				3/11/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			