

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N96000000289

Entity Name: KINGS RIDGE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3387617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MELZARD, DOUG
Address: 4193 GREENWICH CT
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: CAMPBELL, BILL
Address: 2128 GRAFTON AVE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: RUSSELL, JOAN
Address: 4377 SAMBOURNE ST
City-St-Zip: CLERMONT, FL 34711

Title: SD () Delete
Name: TORTORELLI, BILL
Address: 3828 AVON CT
City-St-Zip: CLERMONT, FL 34711

Title: D3 () Delete
Name: CHILES, DARRELL
Address: 4000 CAPLAND AVE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: CLARK, GARY
Address: 3808 EVERSHOLT ST
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHILES, DARRELL
Address: 4000 CAPLAND AVE
City-St-Zip: CLERMONT, FL 34711

Title: VPD (X) Change () Addition
Name: DEVINE, JOHN
Address: 2146 ST IVES CT
City-St-Zip: CLERMONT, FL 34711

Title: SD (X) Change () Addition
Name: KERR, JOAN
Address: 2095 BRAXTON ST
City-St-Zip: CLERMONT, FL 34711

Title: TD (X) Change () Addition
Name: MAURY, STEVE
Address: 3474 ROLLINGBROOK ST
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Change () Addition
Name: KNELOWITZ, GARY
Address: 2336 HAMPSTEAD AVE
City-St-Zip: CLERMONT, FL 34711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRELL CHILES

PD

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date