

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06030 (3)

1. Corporation Name

THE WOODLANDS AT KING'S LAKE ASSOCIATION, INC.

Principal Place of Business

2253 ROYAL LANE
NAPLES FL 33962

Mailing Address

800 SEA GATE DR
STE 202
NAPLES FL 33940
US

3. Date Incorporated or Qualified

11/06/1984

3a. Date of Last Report

02/01/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GEORGE M. GALSTER
2253 ROYAL LANE
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name

Richard D Jones

82 Street Address (P.O. Box Number is Not Acceptable)

2269 Royal Lane

83

84 City

Naples

FL

85 Zip Code

33962

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/18/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME GALSTER, GEORGE M.
STREET ADDRESS 2253 ROYAL LN
CITY-ST-ZIP NAPLES FL

☒ DELETE

TITLE DP
NAME JONES, RICHARD
STREET ADDRESS 2269 ROYAL LANE
CITY-ST-ZIP NAPLES FL

☐ DELETE

TITLE DT
NAME LEVIN, LEO
STREET ADDRESS 2293 ROYAL LN
CITY-ST-ZIP NAPLES FL

☐ DELETE

TITLE DVP
NAME SMITH, ROBERT
STREET ADDRESS 2266 ROYAL LANE
CITY-ST-ZIP NAPLES FL

☐ DELETE

TITLE DS
NAME PAJER, CRAIG
STREET ADDRESS 2233 ROYAL LANE
CITY-ST-ZIP NAPLES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D
Kline David
2252 Royal Ln
Naples FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/96

774-2390

CR2E037 (3/96)