

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90138 014 ****61.25

BIC: 30

DOCUMENT # N06030

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWEAT, CAROLE
 2244 ROYAL LANE
 NAPLES FL 34112**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **WEISE, DODIE**
 CITY-ST-ZIP **2237 KOVAL LN ROYAL LN
 NAPLES FL 34112**

TITLE ☒ Change ☐ Addition
 NAME **2237 ROYAL LN**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **HARR, HERBERT**
 CITY-ST-ZIP **2261 ROYAL LANE
 NAPLES FL 34112**

TITLE ☐ Change ☒ Addition
 NAME **T**
 STREET ADDRESS **LISTROM, ANTHONY**
 CITY-ST-ZIP **2289 ROYAL LN
 NAPLES FL 34112**

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **SWEAT, CAROL**
 CITY-ST-ZIP **2244 ROYAL LANE
 NAPLES FL 34112**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **NAGEON DE LESTANG, JOSS**
 CITY-ST-ZIP **2280 ROYAL LN
 NAPLES FL 34112**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **CARAH, ALAN**
 CITY-ST-ZIP **2286 ROYAL LN
 NAPLES FL 34112**

TITLE ☒ Change ☐ Addition
 NAME **GIRABG. ALAN**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SWEAT

1/29/01 941-732-7017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)