2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# N06030

Entity Name: THE WOODLANDS AT KING'S LAKE ASSOCIATION, INC.

Current Principal Place of Business:

2234 ROYAL LN
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

800 SEA GATE DR
STE 202
NAPLES, FL 33940 US

New Mailing Address:

800 SEAGATE DR
STE 202
NAPLES, FL 33940 US

FEI Number: 65-0258890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, THOMAS
2234 ROYAL LN
NAPLES, FL 34112 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: VP ( ) Delete
Name: GLOWATCH, JANIS
Address: 2274 ROYAL LN
City-St-Zip: NAPLES, FL 34112

Title: S ( ) Delete
Name: BRODHEAD, JEANETTE
Address: 2282 ROYAL LN
City-St-Zip: NAPLES, FL 34112

Title: T ( ) Delete
Name: BULLARD, JIM
Address: 2266 ROYAL LN
City-St-Zip: NAPLES, FL 34112

Title: P (X) Delete
Name: WILSON, TOM
Address: 2234 ROYAL LN.
City-St-Zip: NAPLES, FL 34112

Title: T (X) Delete
Name: DE BAUN, TERI
Address: 2289 ROYAL LANE
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WEISE, RICHARD
Address: 2237 ROYAL LANE
City-St-Zip: NAPLES, FL 34112

Title: VP (X) Change ( ) Addition
Name: SWEAT, ELLIS
Address: 2244 ROYAL LANE
City-St-Zip: NAPLES, FL 34112

Title: T/S (X) Change ( ) Addition
Name: SHARIF, CATHY
Address: 2294 ROYAL LANE
City-St-Zip: NAPLES, FL 34112

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

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: SUSAN M. LONGSTRETH, SPIRES & ASSOC., INC ACCT 02/25/2009

Electronic Signature of Signing Officer or Director Date