

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001364

Entity Name: VILLAS OF KINGS CROSSING CONDOMINIUM ASSOCIATION, INC.**FILED**
Feb 24, 2019
Secretary of State
9263286197CC**Current Principal Place of Business:**12607 SW KINGSWAY CR
LAKE SUZY, FL 34266**Current Mailing Address:**100 SULLIVAN ST.
112
PUNTA GORDA, FL 33951 US**FEI Number: 65-0335236****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GREENE, JOAN F
100 SULLIVAN ST.
STE. 112
PUNTA GORDA, FL 33951 US*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: JOAN F GREENE****02/24/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SD
Name	LUTHER, BOB
Address	12633 SW KINGSWAY CIRCLE
City-State-Zip:	LAKE SUZY FL 34269

Title	PD
Name	PETERS, BRUCE
Address	12651 S W KINGSWAY CIRCLE
City-State-Zip:	LAKE SUZY FL 34269

Title	TD
Name	CARNEY, GERALD
Address	12601 SW KINGSWAY CIRCLE
City-State-Zip:	ARCADIA FL 34266

Title	D
Name	HURN, E. MICHAEL
Address	12647 S W KINGSWAY CIRCLE
City-State-Zip:	LAKE SUZY FL 34269

Title	D
Name	DUNN, SYLVIA
Address	12639 SW KINGSWAY CIRCLE
City-State-Zip:	LAKE SUZY FL 34269

Title	D
Name	STEVENS, LINDA
Address	100 SULLIVAN ST. 112
City-State-Zip:	PUNTA GORDA FL 33951

Title	D
Name	SEALE, ROSALYN
Address	100 SULLIVAN ST. 112
City-State-Zip:	PUNTA GORDA FL 33951

I hereby 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 all other like empowered.

SIGNATURE: BRUCE PETERS**PRESIDENT****02/24/2019**

Electronic Signature of Signing Officer/Director Detail

Date