



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90013 049 ****61.25

DOCUMENT # 725697 1. Entity Name THE ASSOCIATION OF THE KINGS COURT, INC.					
Principal Place of Business 805 SCHOOLWAY AVENUE NEW SMYRNA BEACH, FL 32169			Mailing Address 805 SCHOOLWAY AVENUE NEW SMYRNA BEACH, FL 32169		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
					
			02072006 Chg-NP CR2E037 (11/05)		
			4. FEI Number 59-2386343		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TORRESSON, MARILYN 805 SCHOOLWAY AVE. NEW SMYRNA BCH., FL 32169			7. Name and Address of New Registered Agent Name <u>Ursula Lang</u> Street Address (P.O. Box Number is Not Acceptable) <u>805 Schoolway Ave</u> City <u>New Smyrna Beach</u> FL <u>32169</u> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Ursula Lang</u> <small>Signature, typed or printed name of registered agent and is not applicable.</small>			DATE <u>Feb 16, 2006</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT TYRRELL, BLAIR 805 SCHOOLWAY AVE. NEW SMYRNA BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SHINE, SUSAN 708 HORTON ST NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Lowell Bauder 805 Schoolway New Smyrna Beach, FL 32169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SUTHERFORD, ANNIE 203 PACKWOOD LANE EDGE WATER, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Lowell Bauder</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>Feb 16, 2006</u> <u>407-462-2516</u> <small>Date Daytime Phone #</small>		