

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90013 013 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2386343

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANG, URSULA
805 SCHOOLWAY AVE.
NEW SMYRNA BCH. FL 32169

Name **LANG, URSULA**
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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Ursula Lang (Ursula LANG)

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP
DT
TYRRELL, BLAIR
805 SCHOOLWAY AVE.
NEW SMYRNA BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
BAUDER, LOWELL
805 SCHOOLWAY
NEW SMYRNA BEACH FL 32169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP
DV
SUTHERLAND, ANNIE
203 PACKWOOD LANE
EDGE WATER FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
Sutherland, Annie

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

TITLE ☐ Change ☐ Addition
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 exemptions contained in Section 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:

Ursula Lang

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/07

Date

407 628 4656

Daytime Phone #