

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90019 040 ****61.25

DOCUMENT # 739770

1. Entity Name

KINGSLAND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 6084
 DELRAY BEACH FL 33484

P O BOX 6084
 DELRAY BEACH FL 33484

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

59-2389457

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

BERTORELLO, KATHRYN
4305 MAURICE DRIVE
DELRAY BEACH FL 33445

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

Kathryn Bertorello VP - KATHRYN BERTORELLO VP

3-8-01

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 **PTD**
 STREET ADDRESS **BERTORELLO, KATHRYN**
 CITY-ST-ZIP **4305 MAURICE DRIVE**
DELRAY BEACH FL 33445

TITLE ☒ Change ☐ Addition
 NAME **VPD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **SCOTT, ERNEST D**
 CITY-ST-ZIP **4409 MAURICE DRIVE**
DELRAY BEACH FL 33445

TITLE ☐ Change ☒ Addition
 NAME **PD**
 STREET ADDRESS **HENDERSON, SYLVIA**
 CITY-ST-ZIP **4661 ELLWOOD DRIVE**
DELRAY BEACH, FL. 33445

TITLE ☒ Delete
 NAME **TRD**
 STREET ADDRESS **MALKEMES, WILLIAM**
 CITY-ST-ZIP **14434 ALMAR DRIVE**
DELRAY BEACH FL 33445

TITLE ☐ Change ☒ Addition
 NAME **TD**
 STREET ADDRESS **STEUBER, PAT**
 CITY-ST-ZIP **4568 ELLWOOD DRIVE**
DELRAY BEACH, FL. 33445

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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: *Kathryn Bertorello VP - KATHRYN BERTORELLO VP* **3-8-2001 561-498-0704**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)