


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90040 036 ****61.25

DOCUMENT # 739770 1. Entity Name KINGSLAND HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P O BOX 6084 DELRAY BEACH, FL 33484			Mailing Address 4305 MAURICE DRIVE DELRAY BEACH, FL 33445		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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><i>Kathryn Bertorello</i></u> <u>KATHRYN BERTORELLO</u> <u>7-14-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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	VPD BERTORELLO, KATHRYN 4305 MAURICE DRIVE DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Seymour ZACHAR, PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4094 FRANCES DRIVE DELRAY BEACH, FL, 33445		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUNT, IAN 4570 BRADY BLVD DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, IAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4570 BRADY BLVD DELRAY BEACH, FL, 33445		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HENDERSON, SYLVIA 4661 ELL WOOD DRIVE DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDY TALBOTT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3901 MAURICE DRIVE DELRAY BEACH, FL, 33445		
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 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: <u><i>Kathryn Bertorello</i></u> <u>VPD</u> <u>7-14-05</u> <u>561-498-0704</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

20064714



07142005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2389457

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required