

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

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**



03162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

**BERTORELLO, KATHRYN
4305 MAURICE DRIVE
DELRAY BEACH, FL 33445**

**DO NOT WRITE
IN THIS SPACE**

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 except the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HUNT, IAN
4570 BRADY BLVD
DELRAY BEACH, FL 33445**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SAYMOUR, ZACHNAR PD
4094 FRANCES DRIVE
DELRAY BEACH, FL 33445**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TALBOTT, SANDY
3901 MAURICE DRIVE
DELRAY BEACH, FL 33445**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000514987
04/29/06-80193-012 61.25

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IN THIS SPACE**

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:

Kathryn Bertorello VP KATHRYN BERTORELLO VP 4-13-06 561-498-0704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #