

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739770

FILED
May 16, 2008
Secretary of State

Entity Name: KINGSLAND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 6084
DELRAY BEACH, FL 33484

New Principal Place of Business:

4305 MAURICE DRIVE
DELRAY BEACH, FL 33484

Current Mailing Address:

4305 MAURICE DRIVE
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 59-2389457 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BERTORELLO, KATHRYN
Address: 4305 MAURICE DRIVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: VD () Delete
Name: RAIMAN, MICHAEL
Address: 4563 BRADY BLVD.
City-St-Zip: DELRAY BEACH, FL 33445

Title: PD () Delete
Name: SAYMOUR, ZACHNAR PD
Address: 4094 FRANCES DRIVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: SD () Delete
Name: PROCACCI, JOYCE
Address: 4437 FRANCES DRIVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: D (X) Delete
Name: SHEFFER, MONIKA
Address: 4128 FRANCES DRIVE
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: TALBOTT, SANDY
Address: 3901 MAURICE DR.
City-St-Zip: DELRAY BEACH, FL 33445

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHEFFER, MONIKA
Address: 4128 FRANCES DRIVE
City-St-Zip: DELRAY BEACH, F 33445

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN BERTORELLO, TRES. /DIRECTOR

TD

05/16/2008

Electronic Signature of Signing Officer or Director

Date