

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90062 007 ****61.25

DOCUMENT # 742175

1. Entity Name

KINGSLEY LAKE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

6110 KINGSLEY LAKE DR.
 STARKE FL 32091-6712

Mailing Address

6110 KINGSLEY LAKE DR.
 STARKE FL 32091-9729

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 **59-1860841**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHEE, W.E.
3610 N.W. 29TH TERRACE
GAINESVILLE FL 32805

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

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 **VP** Delete
 NAME **FOLSOM, EUGENE C.**
 STREET ADDRESS **4050 BONNIE LANE**
 CITY-ST-ZIP **STARKE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ANDURS, PAUL**
 STREET ADDRESS **6209 KINGSLEY LAKE DRIVE**
 CITY-ST-ZIP **STARKE FL 32091**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **TURNER, LANA**
 STREET ADDRESS **6123 KINGSLEY LAKE DR**
 CITY-ST-ZIP **STARKE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PERKINS, JEAN**
 STREET ADDRESS **6109 KINGSLEY LAKE DR**
 CITY-ST-ZIP **STARKE FL 32091**

TITLE **TREASURER** Change Addition
 NAME **ANDRUS ANN**
 STREET ADDRESS **6209 KINGSLEY LAKE DRIVE**
 CITY-ST-ZIP **STARKE FL 32091**

TITLE **D** Delete
 NAME **HIPPS, JERRY**
 STREET ADDRESS **6177-1 KINGSLEY LAKE DRIVE**
 CITY-ST-ZIP **STARKE FL 32091**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **MURPHREE, W.E.**
 STREET ADDRESS **3610 N.W. 29TH TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL**

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:

SIGNATURE REQUIRED *Andrus*

1/19/2000

(904) 533-2863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)