


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

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 32091-6712
--	--

DO NOT WRITE IN THIS SPACE



02012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1860841	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MURPHEE, W.E.
6608 PAHOKEE CT
STARKE, FL 32091**

**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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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	P MURPHREE, DUB 6608 PAHOKEE CT STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWNSEND, STRICKLAND 6529 KINGSLEY LAKE DRIVE STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDRUS, ANN 6209 KINGSLEY LAKE DR STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UUUUUU0272125
03/21/05-80077-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption, stated in Section 119.07(3)(f), 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: *Dub Murphee* **Dub MURPHEE** 3-17-05 904-533-7325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #