

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 13, 2006
Secretary of State**

DOCUMENT# 742175

Entity Name: KINGSLEY LAKE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6110 KINGSLEY LAKE DR.
STARKE, FL 320916712

New Principal Place of Business:

Current Mailing Address:

6110 KINGSLEY LAKE DR.
STARKE, FL 320916712

New Mailing Address:

FEI Number: 59-1860841 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:

MURPHEE, W.E.
6608 PAHOKEE CT
STARKE, FL 32091 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: P () Delete
Name: MURPHREE, DUB
Address: 6608 PAHOKEE CT
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: TOWNSEND, STRICKLAND
Address: 6529 KINGSLEY LAKE DRIVE
City-St-Zip: STARKE, FL 32091

Title: T () Delete
Name: ANDRUS, ANN
Address: 6209 KINGSLEY LAKE DR
City-St-Zip: STARKE, FL 32091

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STILL, RICK
Address: 6299 KINGSLEY LAKE DR
City-St-Zip: STARKE, FL 32091

Title: S (X) Change () Addition
Name: GARLINGTON, JIM
Address: 4302 SW 82ND TERR
City-St-Zip: GAINESVILLE, FL 32608

Title: T (X) Change () Addition
Name: MURPHREE, DUB
Address: 6608 PAHOKEE CT
City-St-Zip: STARKE, FL 32091

I hereby certify that the information supplied with this filing does not qualify for the 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: DUB MURPHREE

T

06/13/2006

Electronic Signature of Signing Officer or Director

_____ Date