

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 24 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 748341 (5)**  
 1. Corporation Name  
**KINGS LAKE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>1044 CASTELLO DRIVE #206 NAPLES FL 33940</b>	Mailing Address <b>1044 CASTELLO DRIVE #206 NAPLES FL 33940</b>
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3. Date Incorporated or Qualified  
**08/02/1979**

4. FEI Number <b>59-1985681</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip <b>34103</b>	29. Zip <b>34103</b>
25. Country	30. Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**SOUTHWEST PROPERTY MGMT CORP.  
 1044 CASTELLO DRIVE #206  
 NAPLES FL 33940**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
85. Zip Code	<b>34103</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD LAIRD, ROBERT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1765 COURTYARD WAY</b>	1.2 NAME	
STREET ADDRESS	<b>NAPLES FL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<b>D DIENER, STANLEY</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>2213 KING'S LAKE BLVD</b>	2.2 NAME	<b>Meyer, Walter</b>
STREET ADDRESS	<b>NAPLES FL</b>	2.3 STREET ADDRESS	<b>2426 Duchess Court</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Naples, FL 34112</b>
TITLE	<b>PD STUDE, JOE</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2541 KINGS LAKE BLVD.</b>	3.2 NAME	
STREET ADDRESS	<b>NAPLES FL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<b>TD MONNOT, RAYMOND</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2425 KING'S LAKE BLVD</b>	4.2 NAME	
STREET ADDRESS	<b>NAPLES FL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<b>SD PERSCHE, ROBERT</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2102 BUCKINGHAM LANE</b>	5.2 NAME	
STREET ADDRESS	<b>NAPLES FL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Farnsworth, Duncan</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>1743 Knights Way</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Naples, FL 34112</b>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED** **4/14/98** **7758585**

CR2E037 (10/97)

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Huntington, George  
1820 Kings Lake Blvd. #105  
Naples, FL 34112

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Spillone, Lou  
2213 King's Lake Blvd.  
Naples, FL 34112

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Davis, Dorthea  
2742 Kings Lake Blvd.  
Naples, FL 34112

D

Barrett, White J.  
2106 Tamarynd Circle #201  
Naples, FL 34112

D

Walters, William H.  
2106 Tamarynd Circle #201  
Naples, FL 34112