

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

0005362

DOCUMENT # 748341

1. Entity Name

KINGS LAKE HOMEOWNERS ASSOCIATION, INC.

04-03-2001 90091 022 ****61.25

Principal Place of Business

**1044 CASTELLO DRIVE #206
 NAPLES FL 34103
 US**

Mailing Address

**1044 CASTELLO DRIVE #206
 NAPLES FL 34103
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1985681

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOUTHWEST PROPERTY MGMT CORP.
 1044 CASTELLO DRIVE #206
 NAPLES FL 34103**

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|--------------------|-----------------------|-----------------|--------------------------|
| VD | LAIRD, ROBERT | 1765 COURTYARD WAY | NAPLES FL | <input type="checkbox"/> |
| D | MEYER, WALTER | 2426 DUCHESS COURT | NAPLES FL 34112 | <input type="checkbox"/> |
| PD | STUDE, JOE | 2541 KINGS LAKE BLVD. | NAPLES FL | <input type="checkbox"/> |
| TD | MONNOT, RAYMOND | 2425 KING'S LAKE BLVD | NAPLES FL | <input type="checkbox"/> |
| SD | FARNSWORTH, DUNCAN | 1743 KNIGHTS WAY | NAPLES FL 34112 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|-------------------|------------------------|------------------|--------------------------|-------------------------------------|
| D | Douglas Gorham | 2296 ROYAL LANE | NAPLES, FL 34112 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D | Dorthea Davis | 2742 Kings Lake Blvd. | Naples, FL 34112 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D | Karl Auechterlein | 2432 DUCHESS CT. | NAPLES, FL 34112 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D | Joseph Hepler | 2135 TAMA CR. #101 | NAPLES, FL 34112 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D | Pam Cox | 3024 Round Table Court | Naples, FL 34112 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D | Susan Witham | 2104 Buckingham Ln. | Naples, FL 34112 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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:

Raymond Monnot
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/29/01

Daytime Phone #

941-775-8671

CR2E037 (10/00)