

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748341

FILED  
Mar 22, 2012  
Secretary of State

**Entity Name:** KINGS LAKE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1044 CASTELLO DRIVE #206  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

1044 CASTELLO DRIVE #206  
NAPLES, FL 34103 US

**New Mailing Address:**

FEI Number: 59-1985681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOUTHWEST PROPERTY MGMT CORP.  
1044 CASTELLO DRIVE #206  
NAPLES, FL 34103 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: S  
Name: PAGE, JEFF  
Address: 2300 QUEENS WAY  
City-St-Zip: NAPLES, FL 34112

Title: D  
Name: HAGAN, CHRIS  
Address: 2286 QUEENS WAY  
City-St-Zip: NAPLES, FL 34112

Title: TD  
Name: MONNOT, RAYMOND  
Address: 2425 KINGS LAKE BLVD  
City-St-Zip: NAPLES, FL 34112

Title: D  
Name: COHN, MARK  
Address: 2311 ELIZABETH CT.  
City-St-Zip: NAPLES, FL 34112

Title: PD  
Name: NUECHTERLEIN, KARL  
Address: 2432 DUCHESS CT  
City-St-Zip: NAPLES, FL 34112

Title: VP  
Name: ROONEY, EDWARD  
Address: 2420 KING'S LAKE BLVD  
City-St-Zip: NAPLES, FL 34112

I hereby 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 all other like empowered.

SIGNATURE: KARL NUECHTERLEIN

P

03/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date