

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000005655

1. Entity Name

KINGS ISLAND ASSOCIATION, INC.



Principal Place of Business

13336 SW PEMBROKE CIR N
LAKE SUZY, FL 34269

Mailing Address

13336 SW PEMBROKE CIR N
LAKE SUZY, FL 34269

FILED

06 JAN 27 PM 12:51

SECRET
TALLAHASSEE, FLORIDA



01162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1149452

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHUMAN, SALOMON
13336 SW PEMBROKE CIR N
LAKE SUZY, FL 34269

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MATTIUZ, NORMAN T
STREET ADDRESS 13420 SW PEMBROKE CIR N
CITY-ST-ZIP LAKE SUZY, FL 34269

TITLE VD
NAME MATHEWS, MICHELLE
STREET ADDRESS 13406 SW PEMBROKE CIR N
CITY-ST-ZIP LAKE SUZY, FL 34269

TITLE TD
NAME SHUMAN, SALOMON
STREET ADDRESS 13336 SW PEMBROKE CIR N
CITY-ST-ZIP LAKE SUZY, FL 34269

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100067187371
03/07/06--01006--011 **\$61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: SALOMON SHUMAN - SALOMON SHUMAN Jan. 23-2006 941-764-0556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #