

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90024 017 ****61.25

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

60010752



01042007 No Chg-NP

CR2E037 (4/06)

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MATIUZ, 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	PD
NAME	NANCY OKUN
STREET ADDRESS	13442 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	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/07 941-764-0556

Date

Daytime Phone #