

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006467

FILED  
Apr 13, 2007  
Secretary of State

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

**Current Principal Place of Business:**

2180 W SR 434  
STE 5000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

**FEI Number:** 59-3682903

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HART, JAMES W JR  
% SENTRY MANAGEMENT INC  
2180 W. SR 434 STE 5000  
LONGWOOD, FL 327795044 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: PD ( ) Delete  
Name: MCALLISTER-SMITH, KIM  
Address: 12940 KINGS LAKE DR  
City-St-Zip: GIBSONTON, FL 33534

Title: STD ( ) Delete  
Name: CARMODY, KRISTY  
Address: 13018 WATERBOURNE DR  
City-St-Zip: GIBSONTON, FL 33534

Title: D ( ) Delete  
Name: SANDERS, HEATHER  
Address: 12907 LAKE VISTA DR  
City-St-Zip: GIBSONTON, FL 33534

Title: D ( ) Delete  
Name: BROWN, NATHANIEL  
Address: 12960 LAKE VISTA DR  
City-St-Zip: GIBSONTON, FL 33534

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: POWELL, DAVID  
Address: 12908 KINGS LAKE DR  
City-St-Zip: GIBSONTON, FL 33534

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: SANDERS, HEATHER  
Address: 12706 KINGS LAKE DR  
City-St-Zip: GIBSONTON, FL 33534

Title: VPD (X) Change ( ) Addition  
Name: BROWN, NATHANIEL  
Address: 12960 LAKE VISTA DR  
City-St-Zip: GIBSONTON, FL 33534

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID POWELL

PD

04/13/2007

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

\_\_\_\_\_  
Date