

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001804

FILED
Apr 29, 2006
Secretary of State

Entity Name: KINGS LAKE WOODS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2790 KINGS LAKE BLVD
UNIT 202
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

2790 KINGS LAKE BLVD
UNIT 202
NAPLES, FL 34112 US

New Mailing Address:

FEI Number: 59-3715026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUTOWSKI, J. LEONARD
2790 KINGS LAKE BLVD
UNIT 202
NAPLES, FL 34112 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: P/D () Delete
Name: GUTOWSKI, J. LEONARD
Address: 2790 KINGS LAKE BLVD UNIT 202
City-St-Zip: NAPLES, FL 34112 US

Title: D () Delete
Name: WALKER, CHARLES R
Address: 2790 KINGS LAKE BLVD UNIT 102
City-St-Zip: NAPLES, FL 34112 US

Title: D () Delete
Name: WALWIK, THEODORE J
Address: 2790 KINGS LAKE BLVD UNIT 101
City-St-Zip: NAPLES, FL 34112 US

Title: D (X) Delete
Name: ANTONACE, DONALD
Address: RR # 4, BOX 312- A
City-St-Zip: KITTANNING, PA 16201 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: J. LEONARD GUTOWSKI

P/D

04/29/2006

Electronic Signature of Signing Officer or Director

Date