

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000862

FILED  
Apr 17, 2008  
Secretary of State

**Entity Name:** KINGSFIELD LAKES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434, SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434, SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

**FEI Number:** 03-0388271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HART, JR., JAMES W  
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: SHARP, RENE  
Address: 11472 WALDEN LP  
City-St-Zip: PARRISH, FL 34219

Title: VPD ( ) Delete  
Name: HOPKINS, NANCY  
Address: 4322 PRESTON PARK DR  
City-St-Zip: PARRISH, FL 34219

Title: SD ( ) Delete  
Name: CHARVAT, BETTY  
Address: 11476 WALDEN LOOP  
City-St-Zip: PARRISH, FL 34219

Title: TD ( ) Delete  
Name: CHIONGBIAN, NEIL  
Address: 4311 DOUGLAS HILL PL  
City-St-Zip: PARRISH, FL 34219

Title: D ( ) Delete  
Name: PENCE, CAROLYN  
Address: 4227 NOBLE PL  
City-St-Zip: PARRISH, FL 34219

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

Title: PD (X) Change ( ) Addition  
Name: ORLUSKI, WENDY  
Address: 11461 SUMMIT ROCK CT  
City-St-Zip: PARRISH, FL 34219

Title: SD (X) Change ( ) Addition  
Name: ROPER, ROBERTA  
Address: 4320 NOBLE PL  
City-St-Zip: PARRISH, FL 34219

Title: VPD (X) Change ( ) Addition  
Name: CHARVAT, BETTY  
Address: 11476 WALDEN LOOP  
City-St-Zip: PARRISH, FL 34219

Title: TD (X) Change ( ) Addition  
Name: CLARK, DEVON  
Address: 11457 SUMMIT ROCK CT  
City-St-Zip: PARRISH, FL 34219

Title: D (X) Change ( ) Addition  
Name: JACKSON, JIM  
Address: 4316 NOBB PL  
City-St-Zip: PARRISH, FL 34219

I hereby certify that the information supplied with this filing does not qualify 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: WENDY ORLUSKI

PD

04/17/2008

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

\_\_\_\_\_  
Date