
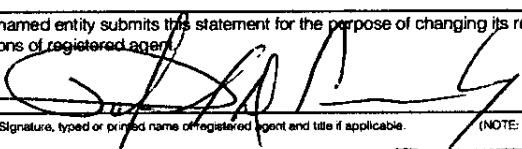
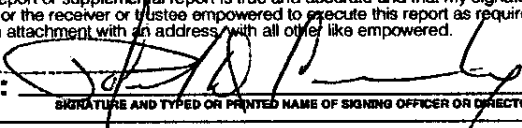


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90029 032 ****61.25

DOCUMENT # N02000001014			
1. Entity Name KINGS GATE RESIDENTS GROUP, INC.			
Principal Place of Business 24000 RAMPART BLVD. PORT CHARLOTTE, FL 33980		Mailing Address P.O. BOX 183 PORT CHARLOTTE, FL 33980	
2. Principal Place of Business		3. Mailing Address 24000 RAMPART BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 349	
City & State		City & State PORT CHARLOTTE FL	
Zip	Country	Zip	Country
		33980	
4. FEI Number 65-0915934		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TEDFORO, GLORIA A 1857 BIRMINGHAM BLVD PORT CHARLOTTE, FL 33980		Name CROMLEY Patrick	
		Street Address (P.O. Box Number is Not Acceptable)	
		1692 PALACE CT	
		City PORT CHARLOTTE	Zip Code FL 33980
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 		DATE 3-9-04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	V	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNER, GARY	NAME	John Pohlmeier (D)
STREET ADDRESS	1936 BODDINGTON TRAIL	STREET ADDRESS	1720 Picadilly Circle
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	CITY-ST-ZIP	PORT CHARLOTTE FL 33980
TITLE	P	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEDFORD, GLORIA	NAME	PATRICK CROMLEY (P)
STREET ADDRESS	1857 BIRMINGHAM RD.	STREET ADDRESS	1692 PALACE CT
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	CITY-ST-ZIP	PORT CHARLOTTE FL 33980
TITLE	T	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, AL	NAME	EVELYN RUFF (T)
STREET ADDRESS	1612 PALACE COURT	STREET ADDRESS	24320 BUCKINGHAM WAY
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	CITY-ST-ZIP	PORT CHARLOTTE FL 33980
TITLE	S	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAFF, JOHN	NAME	JEAN FRASER (S)
STREET ADDRESS	24408 BUCKINGHAM WAY	STREET ADDRESS	24296 WESTGATE BLVD
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	CITY-ST-ZIP	PORT CHARLOTTE FL 33980
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEDRICH, ANDY	NAME	JIM KERSHAW (D)
STREET ADDRESS	1853 BIRMINGHAM BLVD.	STREET ADDRESS	24452 BUCKINGHAM WAY
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	CITY-ST-ZIP	PORT CHARLOTTE FL 33980
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUHLBERG, KURT	NAME	ELAINE PETERSON (D)
STREET ADDRESS	24317 KINTAIL COURT	STREET ADDRESS	1680 PICCADILLY CIRCLE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	CITY-ST-ZIP	PORT CHARLOTTE FL 33980
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		DATE 3-9-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	