

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001863

FILED
May 27, 2009
Secretary of State

Entity Name: KINGS POND PHASE TWO HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

246 KINGS POND AVE
WINTER HAVEN, FL 33880

New Principal Place of Business:

274 KINGS POND AVE
WINTER HAVEN, FL 33880

Current Mailing Address:

P.O. BOX 385
EAGLE LAKE, FL 33839

New Mailing Address:

FEI Number: 54-2092960 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOTTA, DAVID
246 KINGS POND AVE
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

SIANIS, MIKE
274 KINGS POND AVE
WINTER HAVEN, FL 33880 US

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: MIKE SIANIS

05/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOTTA, DAVID
Address: 246 KINGS POND AVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: BERRY, BOB
Address: 247 KINGS POND AVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: STD () Delete
Name: BUTLER, LORELEI
Address: 248 KINGS POND AVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD () Delete
Name: JARO, DALE
Address: 150 KINGS POND AVE
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SIANIS, MIKE
Address: 274 KINGS POND AVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: D (X) Change () Addition
Name: ROGERS, ROBIN
Address: 240 KINGS POND AVE
City-St-Zip: WINTER HAVEN, FL 33880

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 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: MIKE SIANIS

PD

05/27/2009

Electronic Signature of Signing Officer or Director

Date