

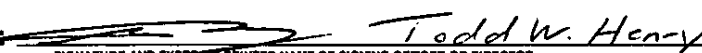


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90041 017 ****61.25

DOCUMENT # N02000002494 1. Entity Name KINGSLEY-BELLAIR CROSSING OWNERS ASSOCIATION INC.			
Principal Place of Business 310 COLLEGE DRIVE ORANGE PARK, FL 32065		Mailing Address 310 COLLEGE DRIVE ORANGE PARK, FL 32065	
2. Principal Place of Business 1555 KINGSLEY AVENUE Suite, Apt. #, etc. SUITE 405		3. Mailing Address 1555 KINGSLEY AVENUE Suite, Apt. #, etc. SUITE 405	
City & State ORANGE PARK, FL		City & State ORANGE PARK, FL	
Zip 32073	Country 	Zip 32073	Country
4. FEI Number 03-0434233		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 J. ERIC LINTON 170 "H" COLLEGE DRIVE ORANGE PARK, FL 32065		7. Name and Address of New Registered Agent Name TODD W. HENRY Street Address (P.O. Box Number is Not Acceptable) 1555 KINGSLEY AVENUE SUITE 405 City ORANGE PARK FL Zip Code 32073	
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 		TODD W. HENRY, PRESIDENT	
Signature, typed and 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, 2005		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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LINTON, JAMES E 923 AUTHOR MORE DR. GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WARD, KEITH R 2741 NAVAJO RD. ORANGE PARK, FL 32065	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MAY, THOMAS A 5591 DIANTHUS ST. GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TODD W. HENRY 1776 ROYAL FERN LANE ORANGE PARK, FL 32003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV K. DIANTHA OWEN 297 CROOKEDRIDGE CT. ORANGE PARK, FL 32065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST T. MICHAEL HARDIN 1472 KATHLEEN WAY GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date 1/22/05 Daytime Phone #			

40006034



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