

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90246 001 ****61.25

DOCUMENT # N02000002494

1. Entity Name

KINGSLEY-BELLAIR CROSSING OWNERS ASSOCIATION
INC.



Principal Place of Business

1555 KINGSLEY AVENUE
SUITE 405
ORANGE PARK, FL 32073

Mailing Address

1555 KINGSLEY AVENUE
SUITE 405
ORANGE PARK, FL 32073

DO NOT WRITE IN THIS SPACE



04062006 No Chg-NP CR2E037 (11/05)

4. FEI Number

03-0434233

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENRY, TODD W
1555 KINGSLEY AVENUE
SUITE 405
ORANGE PARK, FL 32065
~~32073~~

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	HENRY, TODD W
STREET ADDRESS	1776 ROYAL FERN LANE
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	DV
NAME	OWEN, K. DIANTHA
STREET ADDRESS	297 CROOKEDRIDGE COURT
CITY-ST-ZIP	ORANGE PARK, FL 32065
TITLE	DST
NAME	HARDIN, T. MICHAEL
STREET ADDRESS	1472 KATHLEEN WAY
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Daytime Phone #

4/6/06 (904) 264-6776