


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

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		
6. Name and Address of Current Registered Agent HENRY, TODD W 1555 KINGSLEY AVENUE SUITE 405 ORANGE PARK, FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HENRY, TODD W 1776 ROYAL FERN LANE ORANGE PARK, FL 32003	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV OWEN, K. DIANTHA 297 CROOKEDRIDGE COURT ORANGE PARK, FL 32065	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HARDIN, T. MICHAEL 1472 KATHLEEN WAY GREEN COVE SPRINGS, FL 32043	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>Todd W. Henry</u> 1/8/07 (904) 264-6776 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01082007 No Chg-NP CR2E037 (4/06)

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

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01/22/07-80014-010 61.25

**DO NOT WRITE
IN THIS SPACE**