

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

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N04000001737**

1. Entity Name  
**KINGS ROW TOWNHOMES HOMEOWNERS'  
ASSOCIATION, INC.**



Principal Place of Business  
**124-128 GLEASON STREET  
DELRAY BEACH, FL 33483 US**

Mailing Address  
**C/O KATHY DESILETS  
20 WORSCESTER RD BOX 73  
PRINCETON, MA 01541 US**



03202007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0944858**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**TILLEY, MICHAEL R  
2000 GLADES ROAD  
SUITE 306  
BOCA RATON, FL 33431**

**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

*Kathleen M Desilets*

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

(NOTE: Registered Agent signature required when reinstating)

*3/25/07*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
DESILETS, KATHY MS  
20 WORSCESTER RD, BOX 73  
PRINCETON, MA 01541**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
RAMSEY, DOUGLAS DR  
8782 MADISON AVE  
INDIANAPOLIS, IN 64227**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SALL, DAGMAR MS  
7274 NOTTINGHILL LANE  
CINCINNATI, OH 42455**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000683541  
04/05/07-80046-025 61.25

**DO NOT WRITE  
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

*Kathleen M Desilets*

**MARCH**

**2007**

Date

Daytime Phone #