

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90018 035 ****61.25

DOCUMENT # N05000009456					
1. Entity Name KINSLEY COURT PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 200 LAKE MORTON DRIVE LAKELAND, FL 33801			Mailing Address 200 LAKE MORTON DRIVE LAKELAND, FL 33801		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03-0572255	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARTIN, E. SNOW JR. '00 LAKE MORTON DRIVE LAKELAND, FL 33801			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ DATE _____ Signature, typed or 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, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOFTIN, WILLIAM H 5371 U.S. 98 SOUTH HIGHLAND CITY, FL 33846	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROGERS, OSCAR W JR. 5431 U.S. 98 SOUTH HIGHLAND CITY, FL 33846	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROGERS, C. DANE 5431 U.S. 98 SOUTH HIGHLAND CITY, FL 33846	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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: C. Dane Rogers S/T 1/16/06 1-863-646-5187					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					