2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

2006 DEC -1 PM 3: 17 **DOCUMENT # N05000009456** KINSLEY COURT PROPERTY OWNERS' ASSOCIATION. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 200 LAKE MORTON DRIVE 200 LAKE MORTON DRIVE LAKELAND, FL 33801 LAKELAND, FL 33801 3. Mailing Address 2. Principal Place of Business 250 Ave. K. SW Suite, Apt. #, etc. Suite, Apt. #, etc. 11282006 Chg-NP CR2E037 (4/06) <u>Suite 10</u>0 City & State 4. FEI Number 03-0572255 City & State Applied For Not Applicable Winter Haven, Country Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired 33880 Polk 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTIN, E. SNOW JR. Street Address (P.O. Box Number is Not Acceptable) '00 LAKE MORTON DRIVE LAKELAND, FL 33801 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD N Delete TITLE XI Change Addition TITI F Steven L. Cassidy 250 Ave. K SW, Suite 100 Winter Haven, FL 33880 LOFTIN, WILLIAM H NAME NAME STREET ADDRESS STREET ADDRESS 5371 U.S. 98 SOUTH CITY-ST-7IP HIGHLAND CITY, FL 33846 CITY-ST-ZIP TITLE X Delete TITLE VD X Change Addition Wayne Watters ROGERS, OSCAR W JR. NAME NAME 250 Ave. K SW, Suite 100 STREET ADDRESS STREET ADDRESS 5431 U.S. 98 SOUTH Winter Haven, FL HIGHLAND CITY, FL 33846 CITY-ST-7IP CITY-ST-ZIP STD □ Change Addition X Delete TITLE STD TITLE Scott Shapiro 250 Ave. K SW, Suite 10 Winter Haven, FL 33880 ROGERS, C. DANE NAME NAME STREET ADDRESS 5431 U.S. 98 SOUTH STREET ADDRESS CITY-ST-ZIP HIGHLAND CITY, FL 33846 CITY-ST-7(P ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME 800082215848 STREET ADDRESS STREET ADDRESS 12/01/06--01064--010 **E1. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST_7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling 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. 1 1 / 28 / 0 6

Steven L.

DESIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NA

Cassidy Pres.

FILED