

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90080 040 ****61.25

DOCUMENT # N06000000223					
1. Entity Name THE KINGS' FOREST HOMEOWNERS ASSOCIATION INC.					
Principal Place of Business POST OFFICE BOX 358 HERNANDO, FL 34442		Mailing Address POST OFFICE BOX 358 HERNANDO, FL 34442			
2. Principal Place of Business - No P.O. Box # 2622 N. Canterbury Lake Drive		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Hernando, FL		City & State		4. FEI Number	
Zip 34442		Country Citrus		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACKEIL, ROBERT F 2622 N. CANTERBURY LAKE DRIVE HERNANDO, FL 34442				7. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			PRESIDENT Robert F. Mackeil 2622 N. Canterbury Lk. Drive Hernando, FL 34442		
			VICE PRESIDENT/ST ANGELINA F. WARRS 2622 N. Canterbury Lk. Drive Hernando, FL 34442		
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: <i>Robert F. Mackeil</i> ROBERT F. MACKEIL			Date <i>4/30/07</i> Daytime Phone # <i>352-637-4099</i>		