

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90065 031 ****61.25

DOCUMENT # N06000000223					
1. Entity Name THE KINGS' FOREST HOMEOWNERS ASSOCIATION INC.					
Principal Place of Business 2622 N CENTURY LAKE DR HERNANDO, FL 34442			Mailing Address POST OFFICE BOX 358 HERNANDO, FL 34442		
2. Principal Place of Business - No P.O. Box # 2622 N. CANTERBURY LK DR Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACKAIL, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARKS, ANGELINA F 2622 N CANTERBURY LAKE DR HERNANDO, FL 34442				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACKAIL, ROBERT 2622 N CANTERBURY LAKE DR HERNANDO, FL 34442				
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]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]				
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>Robert F. Mackail</u> Robert F. Mackail 4/4/08 508-843-0877					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					