2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2007 8:00 am Secretary of State 01-16-2007 90210 029 ****61.25

DOCUMENT # N0600003095 1. Entity Name KINGS RIDGE PROFESSIONAL CENTRE OWNER'S ASSOCIATION, INC.						01-16-	-2007 90210 029	****61.2	
Principal Place of Business 1635 E. STATE RD. 50, SUITE 300 CLERMONT, FL 34711 Mailing Address 1635 E. STATE RD. 50, SUITE 300 CLERMONT, FL 34711									
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address			I (SENIIR) ETA	PTICE ENEW ETTIL FEIR E	IRTAN ETRIN BOTAS IIINE SONTO (ETVOS E	UHBI BI IBBI	
Suite, Apt. #, etc.		Suite, Apt. 5. etc.			01062007	Chg-NP	CR2E037 (12/06)		
City & State		City & State			4. FEI Numbe	84013	18	oplied For	
Zip	Country	Zip		Country	ľ	of Status Desired	E0 75	 	
	6. Name and Address of Current	Registered Age	ent [Registered Agent	<u> </u>	
CRAWEO				Năme					
CRAWFORD, JIMMY D 1635 E. STATE RD. 50, SUITE 300 CLERMONT, FL 34711				Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
CLERMOR	VI, FL 34/11			-					
				City			FL Zip Cod	le	
8. The above	named entity submits this statement to	or the purpose o	Changing its re	stered office or regi	istered agent, or both	h, in the State of F	forids. I am familiar with,	and accept	
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SIGNATURE .	Signature, trood or printed name of registered ages	rand live if applicable	INOTE. Re	egatered Agent signalure req	pured when reinstating)	1	-8-07	 -	
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Camp Trust Fund Co									
	- · · · · · · · · · · · · · · · · · · ·	9.	Election Camps Trust Fund Con		\$5.00 May Be Added to Fees	•	Make check payable to prida Department of S		
10.	Due by May 1, 2007 OFFICERS AND DI	RECTORS	Trust Fund Con	tribution.	Added to Fees	Flo	orida Department of S	late	
10. TITLE	Due by May 1, 2007	RECTORS		tribution.	Added to Fees	Flo	orida Department of S	late	
TITLE	OFFICERS AND DI PD MINHAS, MAX 1835 E. STATE RD. 50, SUITE 3	RECTORS	Trust Fund Con	11. ITILE NAME STREET ADDRESS	Added to Fees	Flo	orida Department of S	late	
TITLE NAME STREET ADORESS	OFFICERS AND DI PD MINHAS, MAX	AECTORS [Trust Fund Con	11, ITLE NAME	Added to Fees	Flo	orida Department of S	late	
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Interduce that the fraction supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oals; 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. JAM 0 8 2007

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-242-2128 Deptime Proces