

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 26, 2008 8:00 am
Secretary of State

06-26-2008 90002 008 ****61.25

DOCUMENT # N06000005091

1. Entity Name
**KINGSLEY JUNCTION HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business
**655 CORDUROY COURT
ORANGE PARK, FL 32073**

Mailing Address
**655 CORDUROY COURT
ORANGE PARK, FL 32073**

DO NOT WRITE IN THIS SPACE

04242008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
20-4953437

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KELLEY, DAVID E
655 CORDUROY COURT
ORANGE PARK, FL 32073**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KELLEY, DAVID
655 CORDUROY COURT
ORANGE PARK, FL 32073**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DINKINS, BENJAMIN S
1453 PLAINFIELD AVE.
ORANGE PARK, FL 32073**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CULPEPPER, KAREN
659 CORDUROY COURT
ORANGE PARK, FL 32073**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WALL, LEAH
667 CORDUROY COURT
ORANGE PARK, FL 32073**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WOODWARD, ERNEST
671 CORDUROY COURT
ORANGE PARK, FL 32073**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOHNSON, TERRI
656 CORDUROY COURT
ORANGE PARK, FL 32073**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08
Date

904-409-5282
Daytime Phone #