


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90037 012 \*\*\*\*61.25

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # N06030</b><br>1. Entity Name<br><b>THE WOODLANDS AT KING'S LAKE ASSOCIATION, INC.</b>   |   |  |  |        |  |
| Principal Place of Business<br><b>2253 ROYAL LANE<br/>NAPLES, FL 33962</b>  |   |  | Mailing Address<br><b>800 SEA GATE DR<br/>STE 202<br/>NAPLES, FL 33940 US</b>  |   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |   |  |
| City & State  |   | City & State   |  |   |  |
| Zip   | Country   | Zip  | Country  | 01072004 Chg-NP CR2E037 (10/03)   |  |
| 4. FEI Number<br><b>NOT APPLICABLE</b>  |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable                                  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SWEAT, CAROLE<br/>2244 ROYAL LANE<br/>NAPLES, FL 34112</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name <b>Jones Richard</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2269 Royal Lane</b><br>City <b>Naples</b> <b>FL</b> Zip Code <b>34112</b> |   |  |
| 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.<br>SIGNATURE <b>Richard D Jones</b> DATE <b>3-05-04</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |   |  |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>  |   |  |  |   |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>S<br/>JONES, KATHY<br/>2292 ROYAL LN.<br/>NAPLES, FL 34112</b>             | <input checked="" type="checkbox"/> Delete                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P<br/>JONES Richard<br/>2269 Royal Lane<br/>Naples FL 34112</b>                       |
|   |   |  |  | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>T<br/>LISTRON, ANTHONY<br/>2289 ROYAL LN<br/>NAPLES, FL 34112</b>          | <input checked="" type="checkbox"/> Delete                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>T<br/>DREITH Jon<br/>2280 Royal Lane<br/>Naples FL 34112</b>                          |
|   |   |  |  | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P<br/>SWEAT, CAROL<br/><del>2244 ROYAL LANE</del><br/>NAPLES, FL 34112</b> | <input checked="" type="checkbox"/> Delete                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/><del>WEISE Richard</del><br/><del>2237 Royal Lane</del><br/>Naples FL 34112</b> |
|   |   |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>WILSON, TOM<br/>2234 ROYAL LN.<br/>NAPLES, FL 34112</b>              | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
|   |   |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VPD<br/>GRAGG, ALAN<br/>2286 ROYAL LN<br/>NAPLES, FL 34112</b>             | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
|   |   |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
|   |   |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>Richard D Jones</b>   |   |  |  | Date <b>3-05-04</b> Daytime Phone # <b>239 774-2390</b>                                 |  |