

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90014 035 \*\*\*\*61.25

**DOCUMENT # N06030**

1. Entity Name  
**THE WOODLANDS AT KING'S LAKE ASSOCIATION, INC.**



Principal Place of Business  
~~2263 ROYAL LANE~~ **2234 ROYAL LN.**  
~~NAPLES, FL 33962~~ **34112**

Mailing Address  
800 SEA GATE DR  
STE 202  
NAPLES, FL 33940 US

**40043590**



03152007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

~~JONES, RICHARD~~ **WILSON, THOMAS**  
~~2269 ROYAL LANE~~ **2234 ROYAL LN**  
~~NAPLES, FL 34112~~

## 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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JONES, RICHARD	
STREET ADDRESS	2269 ROYAL LANE	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DREITH, JON	
STREET ADDRESS	2280 ROYAL LANE	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEISE, RICHARD	
STREET ADDRESS	2237 ROYAL LANE	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	<del>P</del>	<input type="checkbox"/> Delete
NAME	WILSON, TOM	
STREET ADDRESS	2234 ROYAL LN.	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	<del>VPD</del> T	<input type="checkbox"/> Delete
NAME	GRAGG, ALAN	
STREET ADDRESS	2286 ROYAL LN	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANIS GLOWATCH	
STREET ADDRESS	2274 ROYAL LN	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANETTE BRODHEAD	
STREET ADDRESS	2282 ROYAL LN	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim BULLARD	
STREET ADDRESS	2266 ROYAL LN	
CITY-ST-ZIP	Naples FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

3-24-07

Date

239 595 0918

Daytime Phone #