2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N08942

1. Entity Name

KINGS AND QUEENS HOMEOWNERS ASSOCIATION, INCORPORATED

FILED Jan 23, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2808 N FLORIDA AVE LAKELAND, FL 33805 2725 KING GEORGE AVE LAKELAND, FL 33805-5016 US



01062006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 59-2665364 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLING, LEE JAY 682 MAITLAND AVE6 ALTAMONTE SPRINGS, FL 32701

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, 2006 9. Election Campaign Finance Trust Fund Contribution.			· 🗆	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GEORGE, LUTHER E 2725 KING GEORGE AVE LAKELAND, FL 33805				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHARE, ROBERT 291 QUEEN MARY LOOP LAKELAND, FL 33805				U00000399491 02/01/06-80014-013 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAMBERLAIN, LINDA 372 QUEEN MARY LOOP LAKELAND, FL 33805			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, SANDRA 268 QUEEN MARY LOOP LAKELAND, FL 33805	:		IN	THIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D FITZPATRICK, NELSON J 210 QUEEN MARY LOOP LAKELAND, FL 33805			•	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURBRINK, BILL L 404 KING EDWARD AVE LAKELAND, FL 33805				
12. I hereby certify that the information supplied with this filling 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					

12. I needy certify that the information supplied with this fitting does not quality for its exemptions contained in Chapter 119, Florida Statutes. I further certify that it me 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.

LUTAER E GEOFICE

1. The exemptions contained in the information indicated on 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING PAPICER OR DIRECTOR

-19-06

865-683-3993