

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 06, 2007 8:00 am
Secretary of State

03-15-2007 90035 045 ****61.25

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DOCUMENT # N10219 1. Entity Name KINGSWAY GOLF VILLAS PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business % P.O. BOX 380758 MURDOCK, FL 33938-0758 US				Mailing Address % P.O. BOX 380758 MURDOCK, FL 33938-0758 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2680723	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WISHARD, KRISTINE 23081 HARBORVIEW ROAD PORT CHARLOTTE, FL 33980				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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RILEY, HAROLD P.O. BOX 38075 MURDOCK, FL 33938	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Riley, Harold 11345 SW Courtney Dr Lake Suzy, FL 34269	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNAN, JIM POB 380758 MURDOCK, FL 33938	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Findley, Karen 11349 SW Essex Dr Lake Suzy, FL 34269	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURIFICATO, ORMA P O BOX 380758 MURDOCK, FL 33938	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cuglielmo, Anthony 11421 SW Courtney Dr Lake Suzy, FL 34269	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KIRKLAND, BRUCE P O BOX 380758 LAKE SUZY, FL 34269	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Kirkland, Bruce 11409 SW Courtney Dr Lake Suzy, FL 34269	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRUB, DALE P O BOX 380758 MURDOCK, FL 33938	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Oman, David 11225 SW Courtney Dr Lake Suzy, FL 34269	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ENGLUND, JOHN POB 380758 MURDOCK, FL 33938	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>John Englund</u> JOHN ENGLUND 04-03-07 9416246149 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					