

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2002 8:00 am
Secretary of State

05-24-2002 91268 003 ****61.25

DOCUMENT # N13835

1. Entity Name

KINGSMILL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 361834
 MELBOURNE FL 32936

P O BOX 361834
 MELBOURNE FL 32936

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2771857

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~THOMPSON, DENNIS
 2515 EMPIRE AVENUE
 MELBOURNE FL 32934~~

Name **Gary Assante, President**
 Street Address (P.O. Box Number is Not Acceptable)
2616 Kingsmill Ave
 City **Melbourne** FL Zip Code **32934**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRUMM, JAMES 2430 NOBILITY AVENUE MELBOURNE FL 32934	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAHAN, BRENDA 2725 EMPIRE AVENUE MELBOURNE FL 32934	<input type="checkbox"/> Delete <i>Secretary</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAUGHTER, NELLY 2542 NOBILITY AVE. MELBOURNE FL 32934	<input type="checkbox"/> Delete <i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TILLMAN, ERIC 3496 REIGN STREET MELBOURNE FL 32934	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANAN-LITTLE, STACEY 2571 MAJESTIC AVENUE MELBOURNE FL 32934	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, NORM 2517 KINGDOM AVE Melbourne, FL 32934	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE R. SYARTO 2599 Majestic Avenue Melbourne, FL 32934	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Morahan Brenda 2725 Empire Avenue Melbourne, FL 32934	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dennis Thompson 2572 Empire Ave Melbourne FL 32934	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Treasurer</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Teele 2442 Empire Ave Melbourne FL 32934	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Director</i>
TITLE NAME STREET ADDRESS 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:

SIGNATURE REQUIRED

11/8/02 (321) 757-7706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (9/01)