2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006
Secretary of State

DOCUMENT# N13835

Entity Name: KINGSMILL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 361834
MELBOURNE, FL 329361834 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 361834
MELBOURNE, FL 329361834 US

New Mailing Address:

FEI Number: 59-2771857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TEELE, JAMES P
PO BOX 361834
MELBOURNE, FL 329361834 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FOSTER, NORA
Address: 2517 KINGDOM AVE
City-St-Zip: MELBOURNE, FL 329347585

Title: S ( ) Delete
Name: ASSANTE, GARY
Address: 2616 KINGSMILL AVENUE
City-St-Zip: MELBOURNE, FL 329347583

Title: D ( ) Delete
Name: SLAUGHTER, NELLY
Address: 2542 NOBILITY AVE.
City-St-Zip: MELBOURNE, FL 329347568

Title: D ( ) Delete
Name: SCOFIELD, WAYNE
Address: 2431 EMPIRE AVENUE
City-St-Zip: MELBOURNE, FL 329347577

Title: D ( ) Delete
Name: MILLER, MITCHELL
Address: 3521 MONARCH STREET
City-St-Zip: MELBOURNE, FL 329347566

Title: T ( ) Delete
Name: TEELE, JAMES P
Address: 2442 EMPIRE AVE
City-St-Zip: MELBOURNE, FL 329347576

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: RAY, CHRISTINE M
Address: 2472 KINGDOM AVENUE
City-St-Zip: MELBOURNE, FL 329347584

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES P. TEELE T 02/14/2006

Electronic Signature of Signing Officer or Director — Date