

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2006 8:00 am**  
**Secretary of State**

07-26-2006 90003 023 \*\*\*\*61.25

**DOCUMENT # N16514**

1. Entity Name  
**FORT KING HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**11001 LAKE SASSA DR.  
P.O. BOX 717  
THONOSASSA, FL 33592**

Mailing Address  
**11001 LAKE SASSA DR.  
P.O. BOX 717  
THONOSASSA, FL 33592**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07212006 Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-2971434**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GLUCKMAN, JEREMY E.  
725 E. KENNEDY BOULEVARD  
TAMPA, FL 33602**

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 reissuing)

DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

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** ☒ Delete  
NAME **RHODES, GORDON**  
STREET ADDRESS **11116 LAKE SASSA DR.**  
CITY-ST-ZIP **THONOTOSASSA, FL 33592**

TITLE **VD** ☒ Delete  
NAME **MYERS, STEVE**  
STREET ADDRESS **11204 LAKE SASSA DR**  
CITY-ST-ZIP **THONOTOSASSA, FL 33592**

TITLE **T** ☒ Delete  
NAME **YENCER, ROSEANN**  
STREET ADDRESS **11001 LAKE SASSA DR.**  
CITY-ST-ZIP **THONOTOSASSA, FL 33592**

TITLE **SD** ☒ Delete  
NAME **RICHARDSON, TERESA**  
STREET ADDRESS **11108 LAKE SASSA DRIVE**  
CITY-ST-ZIP **THONOTOSASSA, FL 33592**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
NAME **Combast, Sam**  
STREET ADDRESS **11004 Lake Sassa Dr**  
CITY-ST-ZIP **Thonotosassa, FL 33592**

TITLE **VD** ☒ Change ☐ Addition  
NAME **Tozier, Laurie**  
STREET ADDRESS **11101 Lake Sassa Dr**  
CITY-ST-ZIP **Thonotosassa, FL 33592**

TITLE **T** ☒ Change ☐ Addition  
NAME **Myers, Steve**  
STREET ADDRESS **11204 Lake Sassa Dr.**  
CITY-ST-ZIP **Thonotosassa, FL 33592**

TITLE **SD** ☒ Change ☐ Addition  
NAME **Bennett, Kim**  
STREET ADDRESS **11206 Lake Sassa Dr.**  
CITY-ST-ZIP **Thonotosassa, FL 33592**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

*Steve Myers* **Steve Myers** 7/20/06 813-984-4696