


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 25, 2007 08:00 A
Secretary of State

DOCUMENT # N16514 1. Entity Name FORT KING HOMEOWNERS ASSOCIATION, INC.	
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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
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DO NOT WRITE IN THIS SPACE



05182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2971434	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GLUCKMAN, JEREMY E. 725 E. KENNEDY BOULEVARD TAMPA, FL 33602

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P COMBAST, SAM 11004 LAKE SASSA DR THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD TOZIER, LAURIE 11101 LAKE SASSA DR THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T MYERS, STEVE 11204 LAKE SASSA DR THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD BENNETT, KIM 11206 LAKE SASSA DR THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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06/01/07-80002-021.61.25

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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 this 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: 	5/18/07	813-486-4696
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>