



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

06-09-2008 90002 007 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2971434	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P <input type="checkbox"/> Delete COMBAST, SAM 11004 LAKE SASSA DR THONOTOSASSA, FL 33592		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete TOZIER, LAURIE 11101 LAKE SASSA DR THONOTOSASSA, FL 33592		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete MYERS, STEVE 11204 LAKE SASSA DR THONOTOSASSA, FL 33592		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete BENNETT, KIM 11206 LAKE SASSA DR THONOTOSASSA, FL 33592		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Yencer, Roseann 11001 Lake Sassa Dr Thonotosassa, FL 33592	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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>Steven J. Myers</u> Steven Myers			4/8/2008 813-918-5205		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

FBMC
proven benefit solutions

ATTACHMENT

40107994

N16514

April 22, 2008

FHA
PO Box 717
Thonotosassa, FL 33592-0717

Dear FHA,

Enclosed documents received in office in error. The contents are being returned to you the sender.

If you have any questions regarding this note please call Customer Service at 800-342-8017.

Thank you,

Card Services

RHA
Box 717
Thonotosassa, FL 33592

TAMPA FL 335
SAINT PETERSBURG FL
09 APR 2008 PM 6 T

CEIVED

APR 11 2008

CEIVED
APR 11 2008
OF.....

return to send

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302

RECEIVED

PAGE..... OF.....

Charleston Cherokee Little Rock Madison
Miami Ormond Beach Tallahassee

ATTACHMENT

40107994
N16514

To whom it may concern,

Our payment was sent before the due date. The Post Office delivered it to the wrong address. The business it was sent to held it and returned it to me in their envelope. Why they did not re-send, I don't know. Please accept this payment without a late fee as you can see it was not my error.

Thank You
Steve Myers
Fort King Homeowners Assoc.
Treasurer
813-918-5205