

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16514

FILED
Apr 09, 2009
Secretary of State

Entity Name: FORT KING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

11108 LAKE SASSA DR.
THONOSASSA, FL 33592

Current Mailing Address:

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

New Mailing Address:

11008 LAKE SASSA DR.
P.O. BOX 717
THONOSASSA, FL 33592

FEI Number: 59-2971434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLUCKMAN, JEREMY E.
725 E. KENNEDY BOULEVARD
TAMPA, FL 33602 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: COMBAST, SAM
Address: 11004 LAKE SASSA DR
City-St-Zip: THONOTOSASSA, FL 33592

Title: VD () Delete
Name: TOZIER, LAURIE
Address: 11101 LAKE SASSA DR
City-St-Zip: THONOTOSASSA, FL 33592

Title: T () Delete
Name: MYERS, STEVE
Address: 11204 LAKE SASSA DR
City-St-Zip: THONOTOSASSA, FL 33592

Title: SD () Delete
Name: YEAGER, ROSEANN
Address: 11001 LAKE JASSA DRIVE
City-St-Zip: THONOTOSASSA, FL 33592

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FITZPATRICK, CYNTHIA
Address: 11110 LAKE SASSA DR
City-St-Zip: THONOTOSASSA, FL 33592

Title: VP (X) Change () Addition
Name: SCHROEDER, LAURIE
Address: 11201 LAKE SASSA DR
City-St-Zip: THONOTOSASSA, FL 33592

Title: T (X) Change () Addition
Name: RICHARDSON, TERESA
Address: 11108 LAKE SASSA DR
City-St-Zip: THONOTOSASSA, FL 33592

Title: SD (X) Change () Addition
Name: YENCER, ROSEANN
Address: 11001 LAKE SASSA DRIVE
City-St-Zip: THONOTOSASSA, FL 33592

I hereby certify that the information supplied with this filing does not qualify 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: TERESA RICHARDSON

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04/09/2009

Electronic Signature of Signing Officer or Director

Date