
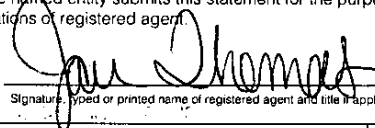
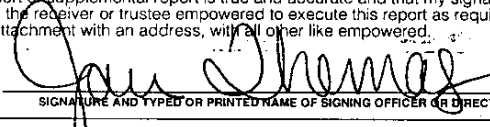


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90335 045 \*\*\*\*61.25

<b>DOCUMENT # N28103</b> 1. Entity Name <b>KINGS LAKE HOMEOWNERS' ASSOCIATION OF ESCAMBA COUNTY, FLORIDA #2, INC.</b>					
Principal Place of Business <b>1414 KINGSLAKE DR. CANTONMENT, FL 32533 US</b>			Mailing Address <b>PO BOX 476 GONZALEZ, FL 32560 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3042735</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MATHEWS, NANCY 1414 KINGSLAKE DR. CANTONMENT, FL 32533</b>				7. Name and Address of New Registered Agent Name <b>Jan Thomas</b> Street Address (P.O. Box Number is Not Acceptable) <b>420 Lake Circle Dr</b> City <b>Cantonment</b> <b>FL</b> Zip Code <b>32533</b>	
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 		<b>Jan Thomas</b>		<b>4-14-05</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SEVERSON, JACK 1420 KINGSLAKE DR CANTONMENT, FL 32533	<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	VPD SHELL, KAREN 1410 GARVIN COURT CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Gailen David (vice Pres)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1400 Garvin Court</b> <b>Cantonment, FL 32533</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MATHEWS, NANCY 1414 KINGSLAKE DR. CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>secretary - treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jan Thomas</b> <b>420 Lake Circle Dr</b> <b>Cantonment FL 32533</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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	<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	<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 exemption stated in Section 119.07(3)(i), 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: 		<b>Jan Thomas</b>		<b>4-14-05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # <b>8509680460</b>	

**50038156**



04132005 Chg-NP CR2E037 (10/03)

Applied For  
Not Applicable

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

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	VPD	<input type="checkbox"/> Delete
NAME	SEVERSON, JACK	
STREET ADDRESS	1420 KINGSLAKE DR	
CITY - ST - ZIP	CANTONMENT, FL 32533	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SHELL, KAREN	
STREET ADDRESS	1410 GARVIN COURT	
CITY - ST - ZIP	CANTONMENT, FL 32533	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MATHEWS, NANCY	
STREET ADDRESS	1414 KINGSLAKE DR.	
CITY - ST - ZIP	CANTONMENT, FL 32533	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SEVERSON, JACK	
STREET ADDRESS	1420 KINGSLAKE DR	
CITY - ST - ZIP	CANTONMENT, FL 32533	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SHELL, KAREN	
STREET ADDRESS	1410 GARVIN COURT	
CITY - ST - ZIP	CANTONMENT, FL 32533	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MATHEWS, NANCY	
STREET ADDRESS	1414 KINGSLAKE DR.	
CITY - ST - ZIP	CANTONMENT, FL 32533	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #