




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90147 050 ****61.25

DOCUMENT # N28103 1. Entity Name KINGS LAKE HOMEOWNERS' ASSOCIATION OF ESCAMBIA COUNTY, FLORIDA #2, INC.					
Principal Place of Business 1414 KINGSLAKE DR. CANTONMENT, FL 32533 US			Mailing Address PO BOX 476 GONZALEZ, FL 32560 US		
2. Principal Place of Business 1431 KINGSLAKE DR. Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State CANTONMENT, FL			City & State		
Zip 32533		Country US		4. FEI Number 59-3042735	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent THOMAS, JAN 420 LAKE CIRCLE DR CANTONMENT, FL 32533				7. Name and Address of New Registered Agent Name JACK SEVERSON Street Address (P.O. Box Number is Not Acceptable) 1420 KINGSLAKE DRIVE City CANTONMENT FL Zip Code 32533	
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  J. T. SEVERSON 5-25-06 <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 September 6, 2006		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	VPD SEVERSON, JACK 1420 KINGSLAKE DR CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT SMITH, TERRY 1431 KINGSLAKE DR CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GAILEN, DAVID 1400 GARVIN COURT CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT CHERYL MARCELLIAT 401 LAKE CIRCLE DR, CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST THOMAS, JAN 420 LAKE CIRCLE PL CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY TREASURER JACK SEVERSON 1420 KINGSLAKE DR. CANTONMENT, FL 32533	<input checked="" 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
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:  J. T. SEVERSON 5-25-06 850-452-4562 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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