


**FILED**  
**May 23, 2007 08:00 A**  
**Secretary of State**

|  |  |  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
|--|--|--|---|------------------------------------|--|---|-------------------|-----------------|----------------------|-------|----|------|--------------------|----------------|-----------------|-----------------|----------------------|-------|----|------|----------------|----------------|-------------------|-----------------|----------------------|-------|--|------|--|----------------|--|-----------------|--|-------|--|------|--|----------------|--|-----------------|--|--|--|
| <b>DOCUMENT # N28103</b><br>1. Entity Name<br><b>KINGS LAKE HOMEOWNERS' ASSOCIATION OF ESCAMBIA COUNTY, FLORIDA #2, INC.</b>   |  | <b>May 23, 2007 08</b><br><b>Secretary of S</b>  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| Principal Place of Business<br><b>1431 KINGSLAKE DR</b><br><b>CANTONMENT, FL 32533 US</b>  |  | Mailing Address<br><b>PO BOX 476</b><br><b>GONZALEZ, FL 32560 US</b>   |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  | <br>05192007 No Chg-NP      CR2E037 (4/06)<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">           4. FEI Number<br/> <b>59-3042735</b> </td> <td style="width: 20%;">           Applied For<br/> <input type="checkbox"/> Not Applicable         </td> </tr> <tr> <td colspan="2">           5. Certificate of Status Desired    <input type="checkbox"/>    <b>\$8.75 Additional Fee Required</b> </td> </tr> </table> |   | 4. FEI Number<br><b>59-3042735</b> | Applied For<br><input type="checkbox"/> Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| 4. FEI Number<br><b>59-3042735</b>   | Applied For<br><input type="checkbox"/> Not Applicable |  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SEVERSON, JACK</b><br><b>1420 KINGSLAKE DR</b><br><b>CANTONMENT, FL 32533</b>  |  | <b>DO NOT WRITE IN THIS SPACE</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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>   |  |  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 14, 2007</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td>P</td> </tr> <tr> <td>NAME</td> <td>SMITH, TERRY</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1431 KINGSLAKE DR</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CANTONMENT, FL 32533</td> </tr> <tr> <td>TITLE</td> <td>VP</td> </tr> <tr> <td>NAME</td> <td>MARCILLIAT, CHERYL</td> </tr> <tr> <td>STREET ADDRESS</td> <td>401 LAKE CIR DR</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CANTONMENT, FL 32533</td> </tr> <tr> <td>TITLE</td> <td>ST</td> </tr> <tr> <td>NAME</td> <td>SEVERSON, JACK</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1420 KINGSLAKE DR</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CANTONMENT, FL 32533</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table> |  | TITLE  | P | NAME                               | SMITH, TERRY   | STREET ADDRESS  | 1431 KINGSLAKE DR | CITY - ST - ZIP | CANTONMENT, FL 32533 | TITLE | VP | NAME | MARCILLIAT, CHERYL | STREET ADDRESS | 401 LAKE CIR DR | CITY - ST - ZIP | CANTONMENT, FL 32533 | TITLE | ST | NAME | SEVERSON, JACK | STREET ADDRESS | 1420 KINGSLAKE DR | CITY - ST - ZIP | CANTONMENT, FL 32533 | TITLE |  | NAME |  | STREET ADDRESS |  | CITY - ST - ZIP |  | TITLE |  | NAME |  | STREET ADDRESS |  | CITY - ST - ZIP |  | <div style="text-align: right;">           000000765337<br/>           05/31/07-80035-014 61.25         </div> <div style="height: 100px; vertical-align: middle; text-align: center;"> <b>DO NOT WRITE IN THIS SPACE</b> </div> |  |
| TITLE  | P  |  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| NAME   | SMITH, TERRY   |  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| STREET ADDRESS   | 1431 KINGSLAKE DR                                      |  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| CITY - ST - ZIP  | CANTONMENT, FL 32533                                   |  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| TITLE  | VP   |  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| NAME   | MARCILLIAT, CHERYL                                     |  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| STREET ADDRESS   | 401 LAKE CIR DR  |  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| CITY - ST - ZIP  | CANTONMENT, FL 32533                                   |  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| TITLE  | ST   |  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| NAME   | SEVERSON, JACK   |  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| STREET ADDRESS   | 1420 KINGSLAKE DR                                      |  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| CITY - ST - ZIP  | CANTONMENT, FL 32533                                   |  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| TITLE  |  |  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| NAME   |  |  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| STREET ADDRESS   |  |  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| CITY - ST - ZIP  |  |  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| TITLE  |  |  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| NAME   |  |  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| STREET ADDRESS   |  |  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| CITY - ST - ZIP  |  |  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| 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.   |  |  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |
| <b>SIGNATURE:</b> <u>J.T. SEVERSON</u> <b>J.T. SEVERSON</b> <u>5-20-07</u> <u>850-452-4562</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"> <small>Date</small>      <small>Daytime Phone #</small> </div>   |  |  |   |                                    |  |   |                   |                 |                      |       |    |      |                    |                |                 |                 |                      |       |    |      |                |                |                   |                 |                      |       |  |      |  |                |  |                 |  |       |  |      |  |                |  |                 |  |  |  |