

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR 27 PM 2:32

DOCUMENT # N31393 1. Entity Name KINGS POND HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 2427 WINTER HAVEN, FL 33880-8913 US			Mailing Address P.O. BOX 2427 WINTER HAVEN, FL 33880-8913 US		
2. Principal Place of Business - No P.O. Box # 204 Crown St.		3. Mailing Address P.O. Box #1385			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Winter Haven, FL		City & State Eagle Lake, FL		4. FEI Number 59-2954651	
Zip 33880		Country FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 33880		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLINE, VIEKIE 204 CROWN ST WINTER HAVEN, FL 33880			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 <i>Vickie Cline</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 3/10/09 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$297.50			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	PD JOHNSTON, ARTHUR 130 KINGS POND AVE WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WINGET, MILLIE 224 CROWN CT WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DENMARK, TERRI 129 KINGS POND AVE. WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLINE, VICKIE 204 CROWN ST WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <i>Vickie Cline</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date 3/10/09			Daytime Phone # 863-224-1929		

REINSTATEMENT 08-09
03102009 REIN-NP CR2E000 (1107)

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