

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N31393

FILED  
Mar 05, 2003  
Secretary of State

Entity Name: KINGS POND HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

P. O. BOX 2427  
WINTER HAVEN, FL 338808913 US

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 2427  
WINTER HAVEN, FL 338808913 US

## New Mailing Address:

FEI Number: 59-2954651

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

URIE, SHARON L  
212 CROWN ST  
WINTER HAVEN, FL 33880 US

## Name and Address of New Registered Agent:

BONSALL, CAROL L  
131 KINGS POND AVE  
WINTER HAVEN, FL 338801969 US

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: CAROL BONSALL

03/05/2003

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FERNANDEZ, FRANK  
Address: 142 KINGS POND AVE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: SD ( ) Delete  
Name: BONSALL, CAROL  
Address: 131 KINGS POND AVE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: TD ( ) Delete  
Name: URIE, SHARON L  
Address: 212 CROWN ST  
City-St-Zip: WINTER HAVEN, FL 33880

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: WINGET, MILDRED  
Address: 224 CROWN CT  
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD ( ) Change (X) Addition  
Name: CLINE, VICKI  
Address: 204 CROWN CT  
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROL BONSALL

SD

03/05/2003

Electronic Signature of Signing Officer or Director

Date