2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005
Secretary of State

DOCUMENT# N31868

Entity Name: KINGSBRIDGE COMMUNITY SERVICES ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST S.R. 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3037579 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W
SENTRY MANAGEMENT, INC.
2180 W. STATE RD. 434, SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HAHN, LISA
Address: 879 KINGSBRIDGE DR
City-St-Zip: OVIEDO, FL 32765

Title: VPD ( ) Delete
Name: WILSON, GEORGE
Address: 836 KINGSBRIDGE DR
City-St-Zip: OVIEDO, FL 32765

Title: SD ( ) Delete
Name: MARTIN, JUDITH
Address: 993 N LAKE CLAIRE CIR
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PATTERSON, RANDY
Address: 874 KINGSBRIDGE DR
City-St-Zip: OVIEDO, FL 32765

Title: VPD (X) Change ( ) Addition
Name: MOREL, CARMEN
Address: 812 KINGSBRIDGE DR
City-St-Zip: OVIEDO, FL 32765

Title: SD (X) Change ( ) Addition
Name: DANE, PAUL
Address: 785 S LAKE CLAIRE CIR
City-St-Zip: OVIEDO, FL 32765

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: RANDY PATTERSON PD 03/03/2005

Electronic Signature of Signing Officer or Director — Date