

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31868

FILED  
Apr 16, 2007  
Secretary of State

**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: PATTERSON, RANDY  
Address: 874 KINGSBRIDGE DR  
City-St-Zip: OVIEDO, FL 32765

Title: VPD ( ) Delete  
Name: PARKS, DENNIS  
Address: 898 LULLWATER DR  
City-St-Zip: OVIEDO, FL 32765

Title: SD ( ) Delete  
Name: WELCH, KERRY  
Address: 905 N LAKE CLAIRE CIR  
City-St-Zip: OVIEDO, FL 32765

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

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: STD (X) Change ( ) Addition  
Name: CORE, RANDY  
Address: 893 LULLWATER DR  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Change (X) Addition  
Name: PROVAN, CHRIS  
Address: 755 SUMMER OAKS CT  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Change (X) Addition  
Name: EVATT, WENDY  
Address: 662 KING HAROLD CT  
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 Chapter 119, 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

04/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date