


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90195 047 ****61.25

DOCUMENT # N33436 1. Entity Name COURTYARD VILLAGE AT KINGS LAKE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1044 CASTELLO DRIVE SUITE 206 NAPLES, FL 34103 US			Mailing Address 1044 CASTELLO DRIVE SUITE 206 NAPLES, FL 34103 US		
2. Principal Place of Business - No P.O. Box # 187 FOREST LAKES BLVD		3. Mailing Address 187 FOREST LAKES BLVD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State NAPLES FL		City & State NAPLES, FL		4. FEI Number 65-0231602	
Zip 34105		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUTHWEST PROPERTY MGMT CORP 1044 CASTELLO DRIVE SUITE 206 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name ROBERT T. GRACEY Street Address (P.O. Box Number is Not Acceptable) 187 FOREST LAKES BLVD City NAPLES FL Zip Code 34105		
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 <u><i>Robert T. Gracey</i></u> DATE <u><i>4/14/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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 DORAU, BILL 1965 COURTYARD WAY, E-106 NAPLES, FL 34112	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LITTLEWOOD, SHEILA 1885 COURTYARD WAY, A202 NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ENDERS, ELMER 1901 COURTYARD WAY, C105 NAPLES, FL 34112	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCIOLI, SAM 1915 COURTYARD WAY, #G-101 NAPLES, FL 34112	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NAGLE, JOYCE 1885 COURTYARD WAY #A-106 NAPLES, FL 34112	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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: <u><i>Sam Scioli</i></u> Date <u><i>4/6/07</i></u> Daytime Phone # <u><i>732-4635</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					