FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38138 (6)

1. Corporation Name

THE COURTYARD AT KINGS LAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O NEWLL PROPERTY MGMT 4100 CORPORATE SQUARE 166 NAPLES FL 33942	C/O NEWLL PROPERTY MGMT 4100 CORPORATE SQUARE 166 NAPLES FL 33942

3. Date Incorporated or Qualified: 04/30/1990

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 65-0180471 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~NEWELL, WILLIAM~~
~~4100 CORPORATE SQ #166~~
~~S-104~~
~~NAPLES FL 33942~~

10. Name and Address of New Registered Agent

81 Name: Newell, William
82 Street Address (P.O. Box Number is Not Acceptable): 4100 Corporate Square #166
83
84 City: Naples FL 85 Zip Code: 33942

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: William Newell 4/20/96
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VD~~	☑ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	~~TRITES, JANE~~		1.2 NAME	Ryland, John	
STREET ADDRESS	~~1801 COURTYARD WAY, STE. D-201~~		1.3 STREET ADDRESS	1733 Courtyard Way #B202	
CITY-ST-ZIP	~~NAPLES FL~~		1.4 CITY-ST-ZIP	Naples FL 33962	
TITLE	~~SD~~	☑ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	~~MINCH, HAROLD~~		2.2 NAME	Speaks, Robert	
STREET ADDRESS	~~1765 COURTYARD WAY, STE. C-205~~		2.3 STREET ADDRESS	1733 Courtyard Way #E103	
CITY-ST-ZIP	~~NAPLES FL~~		2.4 CITY-ST-ZIP	Naples FL 33962	
TITLE	~~PD~~	☑ DELETE	3.1 TITLE	VP	☐ Change ☑ Addition
NAME	~~LAIRD, BOB~~		3.2 NAME	Finetti, MAX	
STREET ADDRESS	~~1765 COURTYARD WAY, STE. C-205~~		3.3 STREET ADDRESS	1733 Courtyard Way # B106	
CITY-ST-ZIP	~~NAPLES FL~~		3.4 CITY-ST-ZIP	Naples FL 33962	
TITLE	~~TD~~	☐ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	~~SCHMECKPEPER, BOB~~		4.2 NAME	Clancy, Edna	
STREET ADDRESS	~~1765 MERCHANTILE AVE.~~		4.3 STREET ADDRESS	1733 Courtyard Way #B204	
CITY-ST-ZIP	~~NAPLES FL~~		4.4 CITY-ST-ZIP	Naples FL 33962	
TITLE	~~D~~	☑ DELETE	5.1 TITLE	STD	☑ Change ☑ Addition
NAME	~~GOLDENBERG, LOUIS~~		5.2 NAME	Todd, Mildred	
STREET ADDRESS	1833 COURTYARD WAY, STE. E-105		5.3 STREET ADDRESS	1765 Courtyard Way #F106	
CITY-ST-ZIP	~~NAPLES FL~~		5.4 CITY-ST-ZIP	Naples FL 33962	
TITLE		☐ DELETE	6.1 TITLE	P/D	☐ Change ☑ Addition
NAME			6.2 NAME	RICY REDLES	
STREET ADDRESS			6.3 STREET ADDRESS	1765 COURTYARD WAY #C101	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	NAPLES FL 33962	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mildred O. Todd Mildred O. Todd 4-14-96 941-732-5311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #