

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38138** (6)
1. Corporation Name
THE COURTYARD AT KINGS LAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4148A CORPORATE SQ NAPLES FL 34104 US	4148 CORPORATE SQ NAPLES FL 34104 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

3. Date Incorporated or Qualified 04/30/1990	Applied For Not Applicable
4. FEI Number 65-0180471	

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent
**NEWELL, WILLIAM
4148A CORPORATE SQ
NAPLES FL 34104**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	CHANDLER, MARK
STREET ADDRESS	1833 COURTYARD WAY E201
CITY-ST-ZIP	NAPLES FL
TITLE	DE
NAME	SPEAKS, ROBERT
STREET ADDRESS	1833 COURTYARD WAY E103
CITY-ST-ZIP	NAPLES FL
TITLE	VD
NAME	ARNETT, MAX
STREET ADDRESS	1733 COURTYARD WAY B106
CITY-ST-ZIP	NAPLES FL
TITLE	S
NAME	CLANCY, ELNA
STREET ADDRESS	1733 COURTYARD WAY B204
CITY-ST-ZIP	NAPLES FL
TITLE	STD
NAME	TODD, MILDRED
STREET ADDRESS	1865 COURTYARD WAY F106
CITY-ST-ZIP	NAPLES FL
TITLE	PD
NAME	REDLES, RICH
STREET ADDRESS	1765 COURTYARD WAY C101
CITY-ST-ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	Speaks, Brovena
2.3 STREET ADDRESS	1833 Courtyard Way # E103
2.4 CITY-ST-ZIP	Naples FL 34102
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	Arnett, Max
3.3 STREET ADDRESS	1733 Courtyard Way # B106
3.4 CITY-ST-ZIP	Naples FL 34112
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	Todd, Mildred
5.3 STREET ADDRESS	1865 Courtyard Way # F106
5.4 CITY-ST-ZIP	Naples FL 34112
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Elna M. Clancy 4-4-98 941-7326246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0061208

CR2E037 (10/97)