2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
05-18-2000 90295 043 ****61.25

DOCUMENT # N38138

1. Entity Name

THE COURTYARD AT KINGS LAKE CONDOMINIUM ASSOCIAT

Principal Place of Business	Mailing Address
4148A CORPORATE SQ NAPLES FL 34104 US	4148 CORPORATE SQ NAPLES FL 34104-4753 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEWELL, WILLIAM 4148A CORPORATE SQ NAPLES FL 34104	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ ~~CHANDLER, MARK~~ ~~1833 COURTYARD WAY E201~~ ~~NAPLES FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Chandler, Mark 1833 Courtyard Way #E201 Naples FL 34112	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPEAKS, GROVENA 1833 COURTYARD WAY #E103 NAPLES FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ ~~CLANCY, ELNA~~ ~~1733 COURTYARD WAY B204~~ ~~NAPLES FL~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Laird, Bob 1765 Courtyard Way #C205 Naples FL 34112	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~TODD, MILDRED~~ ~~1865 COURTYARD WAY F106~~ ~~NAPLES FL 34112~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Todd, Mildred 1865 Courtyard Way #F106 Naples FL 34112	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~REDLES, RICH~~ ~~1765 COURTYARD WAY C101~~ ~~NAPLES FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Redles, Rich 1765 Courtyard Way #C101 Naples FL 34112	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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: Robert Laird 4/10/00 6434884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #