

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38138

FILED
Apr 25, 2007
Secretary of State

Entity Name: THE COURTYARD AT KINGS LAKE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SOUTHWEST PROPERTY MGNT
1044 CASTELLO DR. #206
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

C/O SOUTHWEST PROPERTY MGNT
1044 CASTELLO DR. #206
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0180471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT CORP.
1044 CASTELLO DR. #206
NAPLES, FL 34103 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: TD () Delete
Name: CHANDLER, MARK
Address: 1833 COURTYARD WAY E201
City-St-Zip: NAPLES, FL 34112

Title: SD () Delete
Name: SPEAKS, GROVENA
Address: 1833 COURTYARD WAY #E103
City-St-Zip: NAPLES, FL 34112

Title: PD () Delete
Name: CHICKERING, DON
Address: 1733 COURTYARD WAY, B-106
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: TODD, MILDRED
Address: 1865 COURTYARD WAY F106
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: ANKROM, TOM
Address: 1801 COURTYARD WAY #D-201
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: SWENSON, ROLAND
Address: 1701 COURTYARD WAY #A102
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: OLSON, ROY
Address: 1733 COURTYARD WAY. #205B
City-St-Zip: NAPLES, FL 34112

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DON CHICKERING

P

04/25/2007

Electronic Signature of Signing Officer or Director

_____ Date