

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90016 031 ****61.25



DOCUMENT # N38138

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

Principal Place of Business
**C/O SOUTHWEST PROPERTY MGNT
1044 CASTELLO DR. #206
NAPLES, FL 34103 US**

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

2. Principal Place of Business - No P.O. Box #
MANAGEMENT BY ASSN. INC
Suite, Apt. #, etc.

3. Mailing Address
189 FOREST LAKES BLVD.
Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State

Zip
34105

Country
COLLIER

Zip

Country

04152008 Chg-NP CR2E037 (12/06)

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

**SOUTHWEST PROPERTY MANAGEMENT CORP.
1044 CASTELLO DR. #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)
189 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 *Donna Chickering for Bob Gracey* **4-21-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	CHANDLER, MARK	
STREET ADDRESS	1833 COURTYARD WAY E201	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OLSON, ROY	
STREET ADDRESS	1733 COURTYARD WAY. #205B	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHICKERING, DON	
STREET ADDRESS	1733 COURTYARD WAY, B-106	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	TODD, MILDRED	
STREET ADDRESS	1865 COURTYARD WAY F106	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANKROM, TOM	
STREET ADDRESS	1801 COURTYARD WAY #D-201	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWENSON, ROLAND	
STREET ADDRESS	1701 COURTYARD WAY #A102	
CITY-ST-ZIP	NAPLES, FL 34112	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Donna Chickering* **4/21/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #