## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # N40246 02-02-2006 90076 012 \*\*\*\*61.25 1. Entity Name KINGS ROAD HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 247 GONZALEZ FL 32560 P.O. BOX 247 GONZALEZ FL 32560 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-3034891 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ELAINE, MINTON Street Address (P.O. Box Number is Not Acceptable) 1731 DONEGAL DRIVE CANTONMENT FL 32533 City 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. I am familiar with, and accept the obligations of registered agent. 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 Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State Carlo Maria 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Change **X** Delete TITLE Addition LINN, JAMES H. ABBOTT, CLIFFORD NAME NAME 668 ASHFORD ROAD 400 BUXTON WAY STREET ADDRESS STREET ADDRESS CANTONMENT FL 32533 CITY-ST-ZIP CITY-ST-ZIP CANTONMENT, FL 70.5 TITLE Delete TITLE Addition Change PUETZ BELINDA BLUE, SHEILA NAME NAME KINGS ROAD 1441 KINGS RD. STREET ADORESS STREET ADDRESS CANTONMENT FL 32533 CITY-ST-ZIP CiTY-ST-ZIP CANTON MENT, FL TITLE 囡 ノ TITLE □ Delete Change NAME SANDERS, JUNE all else same as Block 10 STREET ADDRESS **488 TURNBERY ROAD** STREET ADDRESS CITY-ST-71P CANTONMENT FL 32533 CITY-ST-7iP TITLE Delete TITLE Addition LISETH, JOHNNY 1408 COLWYN DR NAME BRANNEN, KENNETH M NAME STREET ADDRESS 1430 GLENMORE DRIVE STREET ADDRESS CITY-ST-ZIP CANTONMENT FL 32533 CITY-ST-ZIP CANTONMENT, FL 32533 DV TITLE Delete TITLE ☐ Change Addition PARTRICK, HOWARD GOVER, PETE 251 ASHFORD ROAD PETE NAME NAME STREET ADDRESS 478 TURNBERRY RD STREET ADDRESS CANTONMENT FL 32533 CITY-ST-ZIP CITY-ST-7IP CANTON MENT FL madrod TITLE ☐ Delete TITLE Addition MINTON, DUDLEY NAME NAME 1731 DONEGAL DR 1731 DONGAL DR STREET ADDRESS STREET ADDRESS CANTONMENT FL 32533 CANTONMENT, FL 32533 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Tames of Line

JAMES HLINN

1-23-2006 850-968-2655

FILED

Feb 02, 2006 8:00 am