

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90047 029 ****61.25

DOCUMENT # N40246

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3034891

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

ELAINE, MINTON
1731 DONEGAL DRIVE
CANTONMENT FL 32533

Name

Street Address (P.O. Box Number is Not Acceptable)

City, State

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. 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 reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
LINN, JAMES H
400 BUXTON WY
CANTONMENT FL 32533 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
PUETZ, BELINDA
KINGS ROAD
CANTONMENT FL 32533 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
SANDERS, JUNE
488 TURNBERY ROAD
CANTONMENT FL 32533 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LISETH, JOHNNY
1408 COLWYN DR
CANTONMENT FL 32533 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GOVER, PETE
251 ASHFORD RD
CANTONMENT FL 32533 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVB
MINTON, ELAINE
1731 DONEGAL DR
CANTONMENT FL 32533 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
JANET LINN
400 BUXTON WY
CANTONMENT, FL 32533 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KIMBERLY HENDERSON
1641 KINSALE DR
CANTONMENT, FL 32533 ☐ Change ☒ Addition

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: *James H. Linn* **JAMES H. LINN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-2007

Date

850-968-2655

Daytime Phone #