FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB -8 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43161 (1)

1. Corporation Name
KINGS POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~179 WINTERDALE DRIVE N~~ ~~WINTER HAVEN FL 33881~~	~~179 WINTERDALE DRIVE N~~ WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1991
3a. Date of Last Report: 02/03/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 318 WINTER GARDEN CT	26 SAME
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 WINTER HAVEN FL	City & State 28
Zip 24 33881 Country 25 POLK	Zip 29 Country 30

9. Name and Address of Current Registered Agent

~~METZLER, WALTER~~
~~179 WINTERDALE DRIVE N~~
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name: RANDALL PALMER
82 Street Address (P.O. Box Number is Not Acceptable): 318 WINTER GARDEN CT
83 WINTER HAVEN
84 City: FL 85 Zip Code: 33881

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: RANDALL PALMER, PRES. Randall Palmer 1/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT / DIRECTOR ☒ Change ☐ Addition
NAME	~~METZLER, WALTER~~	1.2 NAME	RANDALL PALMER
STREET ADDRESS	~~179 WINTERDALE DR N~~	1.3 STREET ADDRESS	318 WINTER GARDEN CT
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	VD	2.1 TITLE	2ND VICE PRESIDENT / DIRECTOR ☒ Change ☐ Addition
NAME	AMES, EDIE	2.2 NAME	T.S. 2/8/95
STREET ADDRESS	108 WINTERDALE DR S	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	FRANCOIS DUVAL	3.2 NAME	
STREET ADDRESS	232 TRADEWIND CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	SECRETARY / DIRECTOR ☒ Change ☐ Addition
NAME	~~MANGOLD, ROBERT J.~~	4.2 NAME	SHARON ASHLEY
STREET ADDRESS	~~407 GULFSTREAM DR S~~	4.3 STREET ADDRESS	467 GULF STREAM DR. NORTH
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	~~TD~~	5.1 TITLE	1ST VICE PRESIDENT / DIRECTOR ☒ Change ☐ Addition
NAME	~~NOE, PENELOPE~~	5.2 NAME	GUYLENE KELLEY
STREET ADDRESS	~~310 WINTER GRADEN CT~~	5.3 STREET ADDRESS	449 GULF STREAM DR NORTH
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	# Deposited by Bank

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Guylene K. Mural Treasurer 1/13/95 (813)422-5285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050052