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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N43161** **(1)**

1. Corporation Name

KINGS POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
318 WINTER GARDEN CT. WINTER HAVEN FL 33881	318 WINTER GARDEN CT. WINTER HAVEN FL 33881-9409

3. Date Incorporated or Qualified: 04/25/1991
3a. Date of Last Report: 03/11/1996

2. Principal Place of Business
21: 179 WINTERDALE DR. N.
22: Suite, Apt. #, etc
23: City & State: WINTER HAVEN, FL
24: Zip: 33881-9417 25: Country: USA

2a. Mailing Address
26: 179 WINTERDALE DR. N.
27: Suite, Apt. #, etc.
28: City & State: WINTER HAVEN, FL
29: Zip: 33881-9409 30: Country: USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PALMER, RANDALL
318 WINTER GARDEN CT.
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name: WALTER METZLER
82 Street Address (P.O. Box Number is Not Acceptable): 179 WINTERDALE DR. N.
83
84 City: WINTER HAVEN FL 85 Zip Code: 33881-9417

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Walter Metzler WALTER METZLER 1/15/97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	2ND VD	☒ Change ☐ Addition
NAME	PALMER, RANDALL		1.2 NAME	CHARLES W. GURNSEY	
STREET ADDRESS	318 WINTER GARDEN CT.		1.3 STREET ADDRESS	508 CLUB HILL RD	
CITY-ST-ZIP	WINTER HAVEN FL 33881		1.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881-9402	
TITLE	VD	☒ DELETE	2.1 TITLE	1ST VD	☐ Change ☐ Addition
NAME	PIER, JAMES		2.2 NAME	ROBERT SCHRAGE	
STREET ADDRESS	542 CLUB HILL RD		2.3 STREET ADDRESS	302 WINTER GARDEN CT.	
CITY-ST-ZIP	WINTER HAVEN FL 33881		2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881-9409	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KELLEY, GUYLENE		3.2 NAME		
STREET ADDRESS	449 GULF STREAM DR N		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33881-9460		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	ABLES, MARGERIE		4.2 NAME	FRANCOIS H. DUVAL	
STREET ADDRESS	526 CLUB HILL RD		4.3 STREET ADDRESS	232 TRADE WIND CT	
CITY-ST-ZIP	WINTER HAVEN FL 33881		4.4 CITY-ST-ZIP	WINTER HAVEN FL 33881-9406	
TITLE	VD	☐ DELETE	5.1 TITLE	RD	☒ Change ☐ Addition
NAME	METZLER, WALTER		5.2 NAME		
STREET ADDRESS	179 WINTERDALE DR N		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33881-9417		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	SANDRA DUGAN	
STREET ADDRESS			6.3 STREET ADDRESS	538 CLUB HILL RD	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881-9402	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Francois H. Duval Francois H. Duval 1/15/97 941-324-4245