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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
179 WINTERDALE DR. N. WINTER HAVEN FL 33881-9417 US	179 WINTERDALE DR. N. WINTER HAVEN FL 33881-9417 US

3. Date Incorporated or Qualified: 04/25/1991

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 468 GULF STREAM DR. N.	26 468 Gulf Stream Dr. N.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 WINTER HAVEN FL.	City & State 28 WINTER HAVEN FL.
Zip / Country 24 33881-9403 25 POLK	Zip / Country 29 33881-9403 30 POLK

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

METZLER, WALTER
179 WINTERDALE DR. N.
WINTER HAVEN FL 33881

10. **Name and Address of New Registered Agent**

81 Name: RONALD STUBBENDICK
82 Street Address (P.O. Box Number Is Not Acceptable): 468 GULF STREAM DR. N.
83
84 City: WINTER HAVEN FL 85 Zip Code: 33881-9403

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: RONALD STUBBENDICK Ronald Stubbendick DATE: Feb 13, 1998
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVD	☐ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	GURNSEY, CHARLES W.		1.2 NAME	STUBBENDICK RONALD	
STREET ADDRESS	508 CLUB HILL RD.		1.3 STREET ADDRESS	468 GULF STREAM DR. NORTH	
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST-ZIP	WINTER HAVEN FL. 33881-9403	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	SCHRAGE, ROBERT		2.2 NAME	METZLER WALTER	
STREET ADDRESS	302 WINTER GARDEN CT.		2.3 STREET ADDRESS	179 WINTERDALE DR. NORTH	
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP	WINTER HAVEN FL. 33881-9417	
TITLE	SD	☒ DELETE	3.1 TITLE	DVD	☒ Change ☐ Addition
NAME	KELLEY, GUYLENE		3.2 NAME	DUGAN SANDRA	
STREET ADDRESS	449 GULF STREAM DR N		3.3 STREET ADDRESS	538 CLUB HILL RD.	
CITY-ST-ZIP	WINTER HAVEN FL		3.4 CITY-ST-ZIP	WINTER HAVEN FL. 33881-9402	
TITLE	TD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	DUVAL, FRANCOIS H.		4.2 NAME	RUDY JACOB	
STREET ADDRESS	232 TRADE WIND CT.		4.3 STREET ADDRESS	450 GULF STREAM DR. NORTH	
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP	WINTER HAVEN FL. 33881-9409	
TITLE	PD	☐ DELETE	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	METZLER, WALTER		5.2 NAME	GURNSEY CHARLES W.	
STREET ADDRESS	179 WINTERDALE DR N		5.3 STREET ADDRESS	508 CLUB HILL RD.	
CITY-ST-ZIP	WINTER HAVEN FL		5.4 CITY-ST-ZIP	WINTER HAVEN FL. 33881-9402	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	DUGAN, SANDRA		6.2 NAME	KIRBY PATRICK	
STREET ADDRESS	538 CLUB HILL RD		6.3 STREET ADDRESS	167 WINTERDALE DR. NORTH	
CITY-ST-ZIP	WINTER HAVEN FL		6.4 CITY-ST-ZIP	WINTER HAVEN FL. 33881-9417	

CR2E037 (10/97)

14. I 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: Charles W Gurnsey CHARLES W. GURNSEY 02/07/98 941 9562132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #