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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90073 033 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N43161					
1. Corporation Name KINGS POINTE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 468 GULF STREAM DR N WINTER HAVEN FL 33881-9403 US			Mailing Address 468 GULF STREAM DR N WINTER HAVEN FL 33881-9403 US		



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21 167 WINTERDALE DR N.		26 167 WINTERDALE DR N		04/25/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 WINTERHAVEN, FL		28 WINTERHAVEN FL		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24 33881 25 U.S.		29 33881 30 US			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RONALD STUBBENDICK 468 GULF STREAM DR N WINTER HAVEN FL 33881		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	S/D ☐ Change ☒ Addition
NAME	STUBBENDICK, RONALD	1.2 NAME	JACQUELINE MORRIS
STREET ADDRESS	468 GULF STREAM DR NO	1.3 STREET ADDRESS	208 TRADE WIND CT
CITY-ST-ZIP	WINTER HAVEN FL 33881	1.4 CITY-ST-ZIP	WINTER HAVEN FL 33881
TITLE	VD ☒ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	METZLER, WALTER	2.2 NAME	DONALD MARSHALL
STREET ADDRESS	179 WINTERDALE DR NO	2.3 STREET ADDRESS	138 WINTERDALE DR. N.
CITY-ST-ZIP	WINTER HAVEN FL 33881	2.4 CITY-ST-ZIP	WINTER HAVEN FL 33881
TITLE	DVD ☐ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
NAME	DUGAN, SANDRA	3.2 NAME	FRANK KAPPEL
STREET ADDRESS	538 CLUB HILL RD	3.3 STREET ADDRESS	153 WINTERDALE DR N.
CITY-ST-ZIP	WINTER HAVEN FL 33881	3.4 CITY-ST-ZIP	WINTER HAVEN FL 33881
TITLE	SD ☒ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME	JACOB, RUDY	4.2 NAME	RANDALL PALMER
STREET ADDRESS	450 GULF STREAM DR NO	4.3 STREET ADDRESS	318 WINTER GARDEN CT.
CITY-ST-ZIP	WINTER HAVEN FL 33881	4.4 CITY-ST-ZIP	WINTER HAVEN FL 33881
TITLE	TD ☒ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME	GURNSEY, CHARLES W	5.2 NAME	TERESA BOOTH
STREET ADDRESS	508 CLUB HILL RD	5.3 STREET ADDRESS	532 CLUB HILL RD.
CITY-ST-ZIP	WINTER HAVEN FL 33881	5.4 CITY-ST-ZIP	WINTER HAVEN FL 33881
TITLE	D ☐ DELETE	6.1 TITLE	D ☐ Change ☒ Addition
NAME	KIRBY, PATRICK	6.2 NAME	JEANNETTE BLAIR
STREET ADDRESS	167 WINTERDALE DR NO	6.3 STREET ADDRESS	462 GULF STREAM DR. N.
CITY-ST-ZIP	WINTER HAVEN FL 33881	6.4 CITY-ST-ZIP	WINTER HAVEN FL 33881

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, with all other like empowered.

SIGNATURE: Patrick Kirby REPAIRER KIRBY 1-14-99 941-956-5616
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)