

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43161

1. Entity Name

KINGS POINTE HOMEOWNERS ASSOCIATION, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90126 030 ****61.25

Principal Place of Business

Mailing Address

167 WINTERDALE DR N
WINTER HAVEN FL 33881
US

167 WINTERDALE DR N
WINTER HAVEN FL 33881-9447
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

RONALD STUBBENDICK
468 GULF STREAM DR N
WINTER HAVEN FL 33881

Name

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

City

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME STUBBENDICK, RONALD
STREET ADDRESS 468 GULF STREAM DR NO
CITY-ST-ZIP WINTER HAVEN FL 33881

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

TITLE SD ☐ Delete
NAME JACQUELINE, MORRIS
STREET ADDRESS 208 TRADE WIND CT
CITY-ST-ZIP WINTER HAVEN FL 33881

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

TITLE DVD ☐ Delete
NAME DUGAN, SANDRA
STREET ADDRESS 538 CLUB HILL RD
CITY-ST-ZIP WINTER HAVEN FL 33881

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

TITLE D ☐ Delete
NAME BOOTH, TERESA
STREET ADDRESS 532 CLUB HILL RD
CITY-ST-ZIP WINTER HAVEN FL 33881

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

TITLE D ☒ Delete
NAME BLAIR, JEANNETTE
STREET ADDRESS 462 GULF STREAM DR N
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE DAVE MITCHELL VP ☐ Change ☒ Addition
NAME 152 WINTERDALE DR. N.
STREET ADDRESS WINTER HAVEN, FL. 33881
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KIRBY, PATRICK
STREET ADDRESS 167 WINTERDALE DR NO
CITY-ST-ZIP WINTER HAVEN FL 33881

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

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)