

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90096 033 ****61.25

DOCUMENT # N43161 1. Entity Name KINGS POINTE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 479 GLUF STREAM DR N WINTER HAVEN, FL 33881 US			Mailing Address 479 GLUF STREAM DR N WINTER HAVEN, FL 33881 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MAYFORTH, RUTH H 132 WINTERDALE DR N WINTER HAVEN, FL 33881					
7. Name and Address of New Registered Agent Name Richard Cross Street Address (P.O. Box Number is Not Acceptable) 430 Gulf Stream Dr. S. City Winter Haven FL Zip Code 33881					
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Richard T Cross</i></u> <u><i>Richard Cross</i></u> <u><i>April 4, 2005</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TAYLOR, BRENDA 224 TRADEWIND COURT WINTER HAVEN, FL 33881	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Richard Cross 430 Gulf Stream Dr. S. Winter Haven FL 33881	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAYFORTH, RUTH 132 WINTERDALE DR N. WINTER HAVEN, FL 33881	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Stewart Holbrook 425 Gulf Stream Dr. S. Winter Haven FL 33881	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FULLERTON, GLADYS 230 TRADE WIND COURT WINTER HAVEN, FL 33881	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Larry Herring 214 Trade Wind Court Winter Haven FL 33881	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUNDY, HAL 510 CLUB HILL ROAD WINTER HAVEN, FL 33881	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Pamela Pullen 438 Gulf Stream Dr. N. Winter Haven FL 33881	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LUEDERS, RICHARD 479 GULF STREAM DR N WINTER HAVEN, FL 33881	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Louis Schvitema 320 Winter Garden Court Winter Haven FL 33881	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PALMER, RANDALL 318 WINTER GARDEN COURT WINTER HAVEN, FL 33881	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Change ☐ Addition
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: <u><i>Richard Lueders</i></u> <u><i>Richard Lueders</i></u> <u><i>4/4/05</i></u> <u><i>863-956-2335</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					