

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90045 023 \*\*\*\*61.25

**DOCUMENT # N43161**  
 1. Entity Name  
**KINGS POINTE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**479 GLUF STREAM DR N**  
**LAKE ALFRED, FL 33850 US**

Mailing Address  
**479 GLUF STREAM DR N**  
**LAKE ALFRED, FL 33850 US**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
**422 Gulf Stream Dr.**  
**City & State Lake Alfred, FL 33850**

3. Mailing Address  
 Suite, Apt. #, etc.  
**422 Gulf Stream Dr.**  
**City & State Lake Alfred, FL 33850**

Zip Country Zip Country

40004804



01092008 Chg-NP CR2E037 (12/06)

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  
**CROSS, RICHARD**  
**430 GULF STREAM DR S**  
**LAKE ALFRED, FL 33850**

7. Name and Address of New Registered Agent  
 Name  
**James Warf**  
 Street A  
**422 Gulf Stream Dr.**  
**LAKE ALFRED, FL 33850**  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James E. Warf (Treasurer)* DATE *January 8, 2008*

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**  
 Due by **May 1, 2008**

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	P CROSS, RICHARD 430 GULF STREAM DR. S. LAKE ALFRED, FL 33850	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHUITEMA, LOUIS 320 WINTER GARDEN CT LAKE ALFRED, FL 33850	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRING, LARRY 320 TRADE WIND CT LAKE ALFRED, FL 33850	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member at Large Judy Wilmot 142 Winterdale Driven. LAKE ALFRED FL, 33850 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWEGLER, ROBERT 443 GULF STREAM DR LAKE ALFRED, FL 33850	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUEDERS, RICHARD 479 GULF STREAM DR N LAKE ALFRED, FL 33850	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> James Warf 422 Gulf Stream Dr. Lake Alfred, FL 33850 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PULLEN, PAMELA 438 GULF STREAM COURT LAKE ALFRED, FL 33850	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *James E. Warf* DATE: *1-8-08* DAYTIME PHONE #: *1-863-969-3011*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #