

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43161

FILED
Mar 10, 2009
Secretary of State

Entity Name: KINGS POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

422 GULF STREAM DR
LAKE ALFRED, FL 33850 US

New Principal Place of Business:

Current Mailing Address:

422 GULF STREAM DR
LAKE ALFRED, FL 33850 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WARF, JAMES
422 GULF STREAM DR
LAKE ALFRED, FL 33850 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CROSS, RICHARD
Address: 430 GULD STREAM DR. S.
City-St-Zip: LAKE ALFRED, FL 33850

Title: V () Delete
Name: SCHUITEMA, LOUIS
Address: 320 WINTER GARDEN CT
City-St-Zip: LAKE ALFRED, FL 33850

Title: MAL () Delete
Name: WILMOT, JUDY
Address: 142 WINTERDALE DR N
City-St-Zip: LAKE ALFRED, FL 33850

Title: D () Delete
Name: SCHWEGLER, ROBERT
Address: 443 GULF STREAM DR
City-St-Zip: LAKE ALFRED, FL 33850

Title: T () Delete
Name: WARF, JAMES
Address: 422 GULF STREAM DR
City-St-Zip: LAKE ALFRED, FL 33850

Title: S () Delete
Name: PULLEN, PAMELA
Address: 438 GULF STREAM COURT
City-St-Zip: LAKE ALFRED, FL 33850

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CROSS, RICHARD T
Address: 430 GULD STREAM DR. S.
City-St-Zip: LAKE ALFRED, FL 33850

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD T CROSS

PRES

03/10/2009

Electronic Signature of Signing Officer or Director

Date