## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N43161**

1. Entity Name



**FILED** Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90736 013 \*\*\*\*61.25

KINGS PO	DINTE HOMEOWNERS ASSOC	CIATION, 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							
	lace of Business	3. Mailing Address							
Cuito Ant III ata		Suite, Apt. #, etc.						,, •, •, •, •	
Suite, Apt. #, etc.		Suite, Apr. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4.	FEI Number N	OT APPLICABL		pplied For t Applicable	
Zip	Country	Zip	Country	5.	Certificate of Sta	atus Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent	ميند عدل م	~ - ~ 7:	Name and Addr	ess of New Regist	ered Agent	,	
WINTER, WARREN J 238 TRADE WIND CT WINTER HAVEN FL 33881				Name David Quackenbush Street Address (P.O. Box Number is Not Acceptable)  471 Guif Stream Dr N					
š ,			City		Haven	m ur iy	FL Zip Code	<b>8</b> /	
	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	istered office or	registered a	gent, or both, in t	he State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent		10 Qu		ENBUS		DATE 1/- 3-	<u></u>	
	Signature, typed or primited marrie or registered agent a	and the Rappincaole. (NOTE: NO		no required when					
FILE NOW: FEE IS \$61.25  9. Election Campaig Trust Fund Contril			-		.00 May Be led to Fees		heck Payable epartment of S		
10.	OFFICERS AND DIF	ECTORS	11.		TIONS/CHANGE	S TO OFFICERS AN	·····		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUACKENBUSH, DAVID 471 GULF STREAM DR N WINTER HAVEN FL 33881	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	471 Gu	enbush, If Stream Haven Fl	or N	<b>⊠</b> Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP-	PD WINTER, WARREN 238 TRADE WIND COURT WINTER HAVEN FL®33881	<b>⊠</b> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D Mayfo 132 W/	rth, Rul		Change	<b>⊠</b> 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 Palme 318 W.	r, Rand	ell den Court FL 33881	Change	<b>⊠</b> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROGNA, RICHARD S 218 TRADE WIND COURT WINTER HAVEN FL 33881	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WINCE	т почен	<u> </u>	☐ 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				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTON, ADELINE 424 GULF STREAM DR S WINTER HAVEN FL 33881	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ 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:

IIR Richard Lueders

863-956-2335