


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90020 041 ****61.25

DOCUMENT # N49563					
1. Entity Name KINGS PENINSULA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 301 E MCDONALD RD PLANT CITY, FL 33567 US			Mailing Address 301 E MCDONALD RD SUITE A PLANT CITY, FL 33567 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02032007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3181171	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SNAPP, SANDRA J 301 E MCDONALD RD PLANT CITY, FL 33567				Name <u>JOAN ELMORE</u>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<u>38349 LANGLOIS PL.</u>	
				City <u>LEESBURG</u> FL Zip Code <u>34788</u>	
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>Joan Elmore, Treasurer</u>				DATE <u>3-12-07</u>	
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNAPP, SANDRA J		NAME	JOAN ELMORE	
STREET ADDRESS	301 E MCDONALD RD		STREET ADDRESS	38349 LANGLOIS PL.	
CITY-ST-ZIP	PLANT CITY, FL 33567		CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCALZO, ED		NAME	WILLIAM SKEEN	
STREET ADDRESS	38545 LANGLOIS PLACE		STREET ADDRESS	38417 LANGLOIS PL.	
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNAPP, HUBERT		NAME	JACK TETER	
STREET ADDRESS	301 E. MCDONALD ROAD		STREET ADDRESS	38420 LANGLOIS PL.	
CITY-ST-ZIP	PLANT CITY, FL 33567		CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNAPP, SCOTT		NAME	MARK KIMBEL	
STREET ADDRESS	403 E MCDONALD ROAD		STREET ADDRESS	38436 LANGLOIS PL.	
CITY-ST-ZIP	PLANT CITY, FL 33567		CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Joan Elmore, Treasurer</u>				Date <u>3/12/07</u> (352) 383-7305	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	