


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90023 037 \*\*\*\*61.25

DOCUMENT # N92000000020					
1. Entity Name KING'S LAKE HOMEOWNERS ASSOCIATION OF DEBARY, INC.					
Principal Place of Business 369 KING'S LAKE DRIVE DEBARY, FL		Mailing Address 379 KINGSLAKE DR. DEBARY, FL 32713			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
6. Name and Address of Current Registered Agent  FREEMAN, GLENN 379 KINGSLAKE DR. DEBARY, FL 32713				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Numbers Not Acceptable)				Street Address (P.O. Box Numbers Not Acceptable)	
City				City	
State				State	
Zip Code				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 <i>Glenn Freeman</i>				Date <i>1/23/06</i>	
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVEY, RUSSELL		NAME	JOYCE BROWN	
STREET ADDRESS	852 WATER RIDGE DR		STREET ADDRESS	327 KINGSLAKE DR	
CITY ST ZIP	DEBARY, FL 32713		CITY ST ZIP	DEBARY FL 32713	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WANDERSEE, RICHARD		NAME	MARILYN FERGUSON	
STREET ADDRESS	326 WATERFORD HEIGHTS		STREET ADDRESS	311 WATERFORD HEIGHTS	
CITY ST ZIP	DEBARY, FL 32713		CITY ST ZIP	DEBARY FL 32713	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUMBULL, FRED		NAME	GLENN FREEMAN	
STREET ADDRESS	320 KINGSLAKE DR.		STREET ADDRESS	379 KINGSLAKE DR	
CITY ST ZIP	DEBARY, FL 32713		CITY ST ZIP	DEBARY FL 32713	
TITLE	S	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLORAY, DOROTHY		NAME	JOSEPH KRANINK	
STREET ADDRESS	357 KINGSLAKE DR		STREET ADDRESS	319 KINGSLAKE DR	
CITY ST ZIP	DEBARY, FL 32713		CITY ST ZIP	DEBARY FL 32713	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAROTTA, TOM		NAME	DON MANN	
STREET ADDRESS	319 WATERFORD HEIGHTS		STREET ADDRESS	348 KINGSLAKE DR	
CITY ST ZIP	DEBARY, FL 32713		CITY ST ZIP	DEBARY FL 32713	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" 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 a other like empowered.					
SIGNATURE: <i>Glenn Freeman</i>				Date: <i>1/23/06</i> 386-456-1207	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					