


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90094 002 \*\*\*\*61.25

**DOCUMENT # N92000000020**

1. Entity Name  
 KING'S LAKE HOMEOWNERS ASSOCIATION OF DEBARY, INC.



60003243

Principal Place of Business  
 369 KING'S LAKE DRIVE  
 DEBARY, FL

Mailing Address  
 379 KINGSLAKE DR.  
 DEBARY, FL 32713

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

01152007 Chg-NP CR2E037 (12/06)

4. FEI Number  
 59-3149227

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 GLENN FREEMAN, TREASURER/DIRECTOR Glenn Freeman 1/16/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2007

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	PD DAVEY, RUSSELL 852 WATER RIDGE DR DEBARY, FL 32713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, DONALD 348 KINGSLAKE DR DEBARY, FL 32713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUMBULL, FRED 320 KINGSLAKE DR. DEBARY, FL 32713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAROTTA, THOMAS 319 WATERFORD HEIGHTS DEBARY FL 32713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLORAY, DOROTHY 357 KINGSLAKE DR DEBARY, FL 32713 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOHN, BETTY 401 KINGSLAKE DR DEBARY FL 32713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JOYCE 327 KINGSLAKE DR DEBARY, FL 32713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALKER, RICHARD 461 KINGSLAKE DRIVE DEBARY FL 32713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FREEMAN, GLENN 379 KINGSLAKE DRIVE DEBARY FL 32713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Glenn Freeman 1/16/07 (386) 456-1207  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #