## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000002913



FILED Apr 19, 2006 8:00 am Secretary of State 04-19-2006 90103 043 \*\*\*\*61.25

1. Entity Nam KINGS IS		MUNITY ASSOCIA	TION, INC.			)				
KINGS ISLE KING 100 KINGS ISLE BLVD. 100				<del>-</del>						
2. Principal P	lace of Busin	ess	3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03202006 <sub>Ct</sub>	ng-NP CR2E0	37 (11/05)		
City & State			City & State	City & State			3	<u> </u>	oplied For ot Applicable	
Zip	Zip Country Zi		Zip	Cour	itry	5. Certificate of Status Desired  \$8.75 Additional Fee Required				
	6. Name	and Address of Current F	Registered Agent			7. Name and Add	ress of New Registered	Agent		
CORNETT, JANE L ESQ CORNETT, GOOGE, ROSS & EARLE, PA 401 EAST OSCEOLA STREET STUART, FL 34994				[	Name Street Address (P.O. Box Number is Not Acceptable)					
	L 0-00-									
9 The above	aamad aatit			3	City FL Zip Code ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
the obligati	ions of registe	ered agent.	the purpose of changing	ira teAtarara	1 onice or registe	ered agent, or both, in	the State of Florida. Tam	iamiliar with,	and accept	
SIGNATURE .	Signature, typed o	or printed name of registered agent a	nd title if applicable. (N	OTE: Registered	Agent signature require	ed when reinstating)	DATE			
Filing Fee is \$61.25  Due by May 1, 2006  9. Election Campaign F Trust Fund Contribut									ſ	
						\$5.00 May Be Added to Fees	Make checi Florida Depar			
10.			Trust Fund			Added to Fees		tment of St	tate	
10.		lay 1, 2006	Trust Fund	d Contributio	n. П	Added to Fees ADDITIONS/CHANGE	Florida Depar	tment of St	tate	
	Due by M	OFFICERS AND DIR	Trust Fund	Contribution	n	Added to Fees  ADDITIONS/CHANGE  A MARGULIES	Florida Depar	tment of SI	tate	
TITLE	PD BABBITT,	OFFICERS AND DIR	Trust Fund	11. TITLE NAME	ADDRESS (2	Added to Fees  ADDITIONS/CHANGE  A MARGULIES  OS NW LOMBA	Florida Depar	tment of SI	tate	
TITLE NAME	PD BABBITT, 233 NW Z. PORT SAI	OFFICERS AND DIR	Trust Fund	11. TITLE NAME	ADDRESS (2	Added to Fees  ADDITIONS/CHANGE  A MARGULIES	Florida Depar	tment of SI	tate	
TITLE NAME STREET ADDRESS	PD BABBITT, 233 NW Z	OFFICERS AND DIR MURRAY ANZIBAR PLACE	Trust Fund	11. ITILE NAME STREE	TADDRESS (2)	Added to Fees Additions/Change A MARGULIES BY LOWER TO ST. LUCIE,	Florida Depar	tment of SI	tate I 10 ✓ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BABBITT, 233 NW Z. PORT SAI	OFFICERS AND DIR  MURRAY ANZIBAR PLACE INT LUCIE, FL 34986	Trust Fund ECTORS Delete	11. ITILE NAME STREE	TADDRESS (2) ST-ZIP Pop	Added to Fees  ADDITIONS/CHANGE  A MARGULIES  DO NO LOMBA  LT ST. LUCIE,  E FINN	Florida Depar ESTO OFFICERS AND DI LEBY DR. FL. 34986	RECTORS IN	tate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD BABBITT, 233 NW Z PORT SAI	OFFICERS AND DIR  MURRAY ANZIBAR PLACE INT LUCIE, FL 34986	Trust Fund ECTORS Delete	11. IIILE NAME CITY-S TITLE NAME	TADDRESS (ALTONOMICS STADDRESS ALTONOMICS AL	Added to Fees  ADDITIONS/CHANGE  A MARGULIES  BY NW LOMBA  T ST. LUCIE,  FINN  NW ZANZI	Florida Depar ESTO OFFICERS AND DI MADY DR. FL. 34986 BAR PLACE	RECTORS IN	tate I 10 ✓ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD BABBITT, 233 NW Z PORT SAI  DWORKIN 854 NW S PORT ST.	ANZIBAR PLACE INT LUCIE, FL 34986	Trust Fund ECTORS Delete	11. IIILE NAME CITY-S TITLE NAME	TADDRESS (ALTONOMICS STADDRESS ALTONOMICS AL	Added to Fees  ADDITIONS/CHANGE  A MARGULIES  DO NO LOMBA  LT ST. LUCIE,  E FINN	Florida Depar ESTO OFFICERS AND DI MADY DR. FL. 34986 BAR PLACE	RECTORS IN	tate I 10 ✓ Addition	
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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.

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SKRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N9300002913  1. Entity Name KINGS ISLE COMMUNITY ASSOCIATION, INC.							ATTACHMENT				
KINGS ISLE KINGS ISLE 100 KI				lailing Address KINGS ISLE 100 KINGS ISLE BLVD. PORT SAINT LUCIE, FL 34986			20032932				
2. Principal Place of Business 3			3. Mailing Address			N <sub>2</sub>					
Suite, Apl. #	, etc.		Suite	Suite, Apt. #, etc.			04082006 Chg-NP CR2E037 (11/05)				
City & State			City	City & State			65-0407883 Noi Applicable				
Zip		Country	Zip	Zip Cou			of Status Desired	Låå kedmon			
<del></del>	6, Name s	nd Address of Current	Registered	Agent		7. Name and	Address of New	Registered Agent			
CORNETT, JANE L ESQ CORNETT, GOOGE, ROSS & EARLE, PA 401 EAST OSCEOLA STREET STUART, FL 34994					Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code						
the obligation	ons of registe	r printed name of regressived again.		Cable. (NOY)		registered agent, or bo		DATE			
		a is \$61.25 ay 1, 2006			Contribution.	Added to Fee	5	ortia Department of CERS AND DIRECTORS	ALCOHOLDS OF CHARLES		
10. TITLE NAME STREET ADDRESS		OFFICERS AND DI MURRAY ANZIBAR PLACE NT LUCIE, FL 34986		Delate	11.  TITLE  NAME  STREET ADDRESS  GIYY-ST-ZIP	Applicator	ANGLO TO GITTE	☐ Chang			
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	VPD DWORKIN 854 NW S			☐ Delate	ITILE NAME STREET ADDRESS CITY-SY-ZIP	Dworkin, IF	בעות	Crang	e Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOGLIA, E 599 NW L			☐ Delette	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Poglia, BRE	MDA	Chang	o Addition		
TITLE NAME STREET ADDRESS COTY-ST-ZIP	D BAGWELI 1129 NW	L BONNIE LOMBARDY DRIVE INT LUCIE, FL 34986		Ocieta	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	SD JODICE, 519 NW C			Dakste	TITLE NAME STREET ADDRESS CITY-ST-ZIP	209ice,201	mi 	O Chan			
TITLE NAME STREET ADDRESS	PTD PUCCIO, 632 VW 8	JOE SAN REMO CIRCLE		X Delete	TITLE NAME STREET ACCRESS CITY-ST-ZIP			Chan			
Indicated	certify that the	e information supplied with or supplemental report the receiver or mustee emachment with an address	ith this filing	execute this (600	ert as required by CI	contained in Chapter 1 have the same legal of hapter 617, Florida Stat	LUGS; and that my (	is. I further cartify that if der oath; that I am an off hame appears in Block	TO OF BIOCK TITE		