

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90103 043 ****61.25

DOCUMENT # N93000002913

1. Entity Name
KINGS ISLE COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**KINGS ISLE
100 KINGS ISLE BLVD.
PORT SAINT LUCIE, FL 34986**

Mailing Address
**KINGS ISLE
100 KINGS ISLE BLVD.
PORT SAINT LUCIE, FL 34986**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0407883

Applied For
Not Applicable

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

6. Name and 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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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
BABBITT, MURRAY
233 NW ZANZIBAR PLACE
PORT SAINT LUCIE, FL 34986** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
RITA MARGOLIES
1203 NW LOMBARDY DR.
PORT ST. LUCIE, FL. 34986** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DWORKIN, IRVIN
854 NW SORRENTO LANE
PORT ST. LUCIE, FL 34986** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LYLE FINN
239 NW ZANZIBAR PLACE
PORT ST. LUCIE, FL. 34986** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FOGLIA, BRENDA
599 NW LANBRUSCO DRIVE
PORT SAINT LUCIE, FL 34986** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LINDA BOLITHO
575 NW SAN REMO CIRCLE
PORT ST. LUCIE, FL. 34986** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BAGWELL, BONNIE
1129 NW LOMBARDY DRIVE
PORT SAINT LUCIE, FL 34986** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VIRGINIA AVANZATO
324 NW TUSCANY COURT
PORT ST. LUCIE, FL. 34986** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
JODICE, JOAN
519 NW CORTINA LN
PORT SAINT LUCIE, FL 34986** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
PUCCIO, JOE
532 VW SAN REMO CIRCLE
PORT SAINT LUCIE, FL 34988** ☒ 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 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: Lyle Finn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06 (772) 871-7512

Date

Daytime Phone #

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000002913

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ATTACHMENT

20032932

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PORT SAINT LUCIE, FL 34986Mailing Address
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100 KINGS ISLE BLVD.
PORT SAINT LUCIE, FL 34986

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062006

Chg-NP

CR2E037 (11/05)

City & State

City & State

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Not Applicable

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Country

Zip

Country

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(NOTE: Registered Agent signature required when reinstating)

DATE

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Due by May 1, 20069. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake check payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BABBITT, MURRAY	
STREET ADDRESS	233 NW ZANZIBAR PLACE	
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34986	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DWORKIN, IRVIN	
STREET ADDRESS	854 NW SORRENTO LANE	
CITY - ST - ZIP	PORT ST. LUCIE, FL 34986	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOGLIA, BRENDA	
STREET ADDRESS	599 NW LANBRUSCO DRIVE	
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34986	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAGWELL, BONNIE	
STREET ADDRESS	1129 NW LOMBARDY DRIVE	
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34986	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JODICE, JOAN	
STREET ADDRESS	519 NW CORTINA LN	
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34986	
TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	PUCCIO, JOE	
STREET ADDRESS	632 VW SAN REMO CIRCLE	
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34986	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	DWORKIN, IRVIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	FOGLIA, BRENDA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	JODICE, JOAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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SIGNATURE: *LYLE FINN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYLE FINN

4/14/06

(778) 871-7512

Date

Daytime Phone #