

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90041 023 ****70.00

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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0407883

Applied For
Not Applicable

Zip

Country

Zip

Country

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, 2008**

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
VP
DWORKIN, IRV
854 NW SORRENTO LANE
PORT SAINT LUCIE, FL 34986 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WEILAGE, ELWOOD
574 NW CORTINA LANE
PORT SAINT LUCIE, FL 34986 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
MARQUILIES, RITA
1203 NW LOMBARDY DR
PORT SAINT LUCIE, FL 34986 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BIRNBAUM, MERLE
125 NW CATANIA CIRCLE
PORT SAINT LUCIE, FL 34986 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAREY, MARY DIANE
529 NW SAN REMO CIRCLE
PORT SAINT LUCIE, FL 34986 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RAUCH, KARL
386 NW SHERRY LANE
PORT SAINT LUCIE, FL 34986 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FOGLER, BRENDA
599 NW LAMBRUSCO DR
PORT SAINT LUCIE, FL 34986 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FOGLIA, BRENDA
599 NW LAMBRUSCO DR
PORT SAINT LUCIE, FL 34986 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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: *Brenda L. Foglia, President*

4/6/08

SIGNATURE

OR DIRECTOR

Date

Daytime Phone #