

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002913

FILED
Apr 13, 2009
Secretary of State

Entity Name: KINGS ISLE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0407883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNETT, JANE L ESQ
CORNETT, GOOGE, ROSS & EARLE, PA
401 EAST OSCEOLA STREET
STUART, FL 34994 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: DWORKIN, IRV
Address: 854 NW SORRENTO LANE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TR () Delete
Name: MARQUILIES, RITA
Address: 1203 NW LOMBARDY DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: RAUCH, KARL
Address: 386 NW SHERRY LANE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: P () Delete
Name: FOGLIA, BRENDA
Address: 599 NW LAMBRUSCO DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: WEILAGE, ELWOOD
Address: 574 NW CORTINA LANE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: EBBITT, LARRY
Address: 1000 NW TUSCANY DRIVE
City-St-Zip: PORT ST LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA L. FOGLIA

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date