2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2012
Secretary of State

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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
Name: DWORKIN, IRV
Address: 854 NW SORRENTO LANE
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

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

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

Title: S
Name: EBBITT, LARRY
Address: 1000 NW TUSCANY DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D
Name: WAGNER, MICHAEL
Address: 614 NW SAN REMO CIRLCE
City-St-Zip: PORT ST LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: BRENDA L. FOGLIA PRES 03/20/2012

Electronic Signature of Signing Officer or Director — Date