

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005075

FILED
Apr 17, 2009
Secretary of State

Entity Name: KINGSTON OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3858 KINGSTON OAKS COVE
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

3858 KINGSTON OAKS COVE
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTOMAURO, KEITH
3858 KINGSTON OAKS COVE
OVIEDO, FL 32765 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: P () Delete
Name: SANTOMAURO, KEITH
Address: 3858 KINSTON OAKS, COVE
City-St-Zip: OVIEDO, FL 32765

Title: TD () Delete
Name: BURK, DAVID M
Address: 3886 KINGSTON OAKS COVE
City-St-Zip: OVIEDO, FL 32765

Title: BMD () Delete
Name: STRAUB, JOANN
Address: 3851 KINGSTON OAK COVE
City-St-Zip: OVIEDO, FL 32765

Title: SD () Delete
Name: QUINN, CYNTHIA
Address: 3890 KINGSTON OAK COVE
City-St-Zip: OVIEDO, FL 32765

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:

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: DAVID M BURK

TD

04/17/2009

Electronic Signature of Signing Officer or Director

Date