FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # N9400002921 (4)

THE VILLAGES AT KINGSBRIDGE WEST HOMEOWNERS ASSOCIATION, INC. $\,$

FILED Apr 11, 1996 08:00 AM Secretary of State



Principal Place of Business Mailing Address							,	
151 SOUTHALL LANE STE. 230 MAITLAND FL 32751		151 SOUTHALL LANE STE. 230 MAITLAND FL 32751						
						3. Date Incorporated or Qualified 06/09/1994	3a. Date of L 07/1	ast Report 1/1995
 1	ace of Business	2a. Mailing Address				4. FEI Number 59-3316195	Number	
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.					_ \$8	.75 Additional
22		27				Certificate of Status Desired		ee Required
City & State		City & State				6. Election Campaign Financing		5.00 May Be
23		28				Trust Fund Contribution		dded to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for int	tangible tax und Yes	er s. 199.032,
24	9 Name and Address of Curren	1 Registered Agent	[30]			Florida Statutes L 10. Name and Address of New Re		
	9. Name and Address of Curren	t neglateled Agent		81	Name	10.	<u> </u>	
OCHTEN DEAL FOTATE CORDODATION					84 4 4 4 4	ess (P.O. Box Number is Not Acceptable	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	REAL ESTATE CORPORATION JTHALL LANE STE. 230		82 Street Addi			ess (P.O. Box Number is Not Acceptable	,	
	ND FL 32751		83					
MINI LAI	10 1 6 02/01			84	City	· · · · · · · · · · · · · · · · · · ·	85	Zip Code
					•		FL	[
or reaiste	to the provisions of Sections 617.0502 red agent, or both, in the State of Floric ith, and accept the obligations of, Secti	da. Such change was autho	orized by the d	orp	named corpora oration's board	ation submits this statement for the purp d of directors. I hereby accept the appoi	manent as regist	ered agent. I am
SIGNATORE	Signature, typed or printed name of registered agent			Ajer	t signature required		DATE OF OR ANID DIDE	CTODE IN 13
12.	OFFICERS ANI	D DIRECTORS DELETE	13. 1.1 Ti	TI E		ADDITIONS/CHANGES TO OFFIC	Cha	
TITLE	PD COECODY		1.1 (I				П ****	as []s
NAME	LEPERA, GREGORY 151 SOUTHALL LANE STE. 2:	20			ADDRESS			
STREET ADDRESS	MAITLAND FL 32751	30			ST-ZIP			
CITY-ST-ZIP TITLE	VD VD	DELETE	21 TI				☐ Cha	ange 🔲 Addition
NAME	KAISER, DAN		2.2 N	AME				
STREET ADDRESS	151 SOUTHALL LANE STE. 2	30	23 S	TREET	ADDRESS			
CITY-ST-ZIP	MAITLAND FL		2 4 0	HY-	ST-ZIP			
TITLE	STD	DELETE	31T	ITLE	ST	P	Cha	ange
NAME	KNOX, DOUGLAS G		3.2 N		W	HLLUTS, ROBURT	- 233	
STREET ADDRESS	151 SOUTHALL LANE STE. 2	30			ADDRESS /5	HLLOTS, ROBERT F Southbull laws, Svil 1211/1201, FL 3275)		
CITY-ST-ZIP	MAJTLAND FL 32751	DELETE			ST-ZIP	taitiand, PC SZ4S /	☐ Cha	ange Addition
TITLE]	Dotteit	4.1 7					
NAME			4.21		T ADDRESS			
STREET ADDRESS					ST-ZIP			·
CITY-ST-ZIP TITLE		DELETE	51 T		31-21		Chi	ange
NAME			5.2 N					
STREET ADDRESS					1 ADDRESS			
CITY-ST-ZIP					ŠT-ZIP			
TITLE		DELETE	61 T				☐ Ch	ange 🔲 Addition
NAME			6.2 N	IAME				•
STREET ADDRESS			635	TREE	T ADDRESS			
CITY-ST-ZIP	1				ST-ZIP			
	the state of the s	The state of the same and the same of the	fumished and	da	a not avalify f	for the exemption stated in Section 119.0	17(3)(k) Florida S	Statutes, Lfurther

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I number certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING SEFICER OR DIRECTOR

3/26/86 (907/66-2170

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